

S. No. 2  
-11-10-39  
5-17-39  
P 1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19647  
State File No. 17350

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Lutler  
(b) City or town Coplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Coplar Bluff Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 25 yr.  
years, months or days)

3. (a) PRINT FULL NAME Sarah Jane Brown

3. (b) If veteran, name war..... 8. (c) Social Security No.....

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Brown 6. (c) Age of husband or wife if alive 31 years  
7. Birth date of deceased June 15 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 23 hr. min.

9. Birthplace Annapolis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER  
12. Name Daniel Mann  
13. Birthplace Reynolds Co., Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillian Powell  
15. Birthplace Reynolds Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Pussinger  
(b) Address Coplar Bluff, Mo.  
17. (a) Reynolds Co., Mo. (b) Date of death 5/11/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mann, Reynolds Co., Mo.

18. (a) Signature of funeral director Frank Lindt Co.  
(b) Address Coplar Bluff, Mo.  
19. (a) 5/10/41 (b) Kate Lutz  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lutler  
(c) City or town Coplar Bluff, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 334 Bantlett St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1941 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from April 28, 1941, to May 8, 1941, that I last saw her or alive on May 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 1 day  
Due to Chronic myocarditis 6 mo  
Chronic nephritis ?

Other conditions (include pregnancy within 3 months of death) 1718

Major findings: Of operations.....  
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. L. Creechert (M. D. or other) 19/41  
Address Coplar Bluff, Mo. Date signed 5/19/41

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

12  
7  
3

RECEIVED

District Health Officer No. 2

District File Number 641-72

Date Filed 9/8/41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Oplos Bluff, Va.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**