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FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19658
~~17361~~
State File No. 17361

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 212

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 DAYS
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Reynolds
(c) City or town Ellington,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME Lula May Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1941 hour 11:00 minute 45 A.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jesse James Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 22, 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30 1941 to May 21 1941 that I last saw her alive on May 21 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
41 8 7 29 hr. _____ min.

Immediate cause of death Sepsis Duration 5-5-41

9. Birthplace Reynolds County, Missouri
(City, town, or county) (State or foreign country)

Due to infection following shield birth 3-19-41
Due to shield birth

10. Usual occupation housewife

Other conditions infection following shield birth
(Include pregnancy within months of death)

11. Industry or business self
12. Name Unknown 9
13. Birthplace Unknown 11
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 14 12
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jesse James Brown
(b) Address Ellington, Missouri
17. (a) Removal (b) Date thereof May 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ellington, Missouri

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?
88 (Specify type of place) _____
While at work _____ (e) Means of injury _____

18. (a) Signature of funeral director Greer-Croy Funeral Ser
(b) Address Poplar Bluff, Missouri
19. (a) 5/21/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 11
Address Poplar Bluff, Mo Date signed 5-21-41

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

RECEIVED
District Health Officer

District File Number 641-

Date Filed 6/6/4

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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

If this body is not embalmed, fact should be so stated above.