

FILED DEC 11 1945

Registration District No.

Primary Registration District No. 5616

Registrar's No.

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

1. PLACE OF DEATH:

(a) County LACLEDE
 (b) City or town ELDREDGE TWP
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 DECAUTERVILLE MO
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 19 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 33
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. DECAUTERVILLE MO 0
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ELIZABETH BROWN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month NOV day 20
 year 1941 hour 2 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Nov. 20
1941 to Nov. 20 1941
 that I last saw her alive on Nov. 20 1941
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife PERRY BROWN 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased MAR 5 1866
(Month) (Day) (Year)

Immediate cause of death APPLEXY Duration 41
 Due to None
 Due to None g3a1
 Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 8 15 hr. min.

9. Birthplace VINCENNS / INDIANA
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

11. Industry or business _____
 12. Name E. D. GREATHOUSE
 13. Birthplace US
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace LUCILE GREATHOUSE / US
(City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy None
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Perry Brown
 (b) Address DECAUTERVILLE MO
 17. (a) BURIAL (b) Date thereof 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MT. ZION CEM
 18. (a) Signature of funeral director PALMER'S
 (b) Address LEBANON
 19. (a) Nov 20 41 (b) Nora Cole
(Date received local registrar) (Registrar's signature)

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?
 While at work? _____ Mean of injury _____
 23. Signature D. S. Oberbeck (or other) _____
 Address CAMDENTON, MO. Date signed 11-24-41

Laclede Co. Unit

Co. File # 1

Date Filed 12-6-41

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.....

Alyn Katherine....., Registered Apprentice No. *294*
working under my personal supervision.

Signed..... *P. Bohner*

Licensed Embalmer No. *1161*

P. O. Address *L. Bohner*

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, fact should be so stated above.