

FILED FEB 18 1942

Registration District No. 285

Primary Registration District No. 2356

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

1. PLACE OF DEATH:

(a) County Davies mo.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Rural Colfax Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mrs Hannah Brown

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7 - 29 - 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Richard Everett

13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name Anna Collins

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Frank Kersetter

(b) Address Winstou Mo.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Burial Winstou Mo. 1-3-42

18. (a) Signature of funeral director W. Moore

(b) Address Winstou Mo

19. (a) Jan. 2-1942 (b) L. O. Richardson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Davies  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 3 mi Sauer Winstou (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1 year 42 hour 1 minute P M.

21. I hereby certify that I attended the deceased from July 11/1 1942 to July 11/1 1942 that I last saw her alive on Jan 12/20/ 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Senility Chronic Hypertension

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none  
Of autopsy none

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Winstou mo (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1/2/42

Duration Fast  
at  
usual  
stools  
Recent  
Jan 1944

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 *C. M. Moore*.....

Licensed Embalmer No. *1180*.....

P. O. Address *Cameron Mo*.....

**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.**