U. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 23

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4019

5767

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: Martinsburg Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 73 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Andrain
(c) City or town Martinsburg Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Missouri Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Brown
6. (c) Age of husband or wife if alive
7. Birth date of deceased March 28 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Calloway Co (State or foreign country) Mo
10. Usual occupation At Home
11. Industry or business Home
MOTHER FATHER
12. Name John Kemp
13. Birthplace (City, town, or county) Calloway Co (State or foreign country) Mo
14. Maiden name Delia Kemp
15. Birthplace (City, town, or county) Calloway Co (State or foreign country) Mo
16. (a) Informant Fernady Brown
(b) Address Martinsburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Martinsburg Mo
18. (a) Signature of funeral director R B Kelly
(b) Address Wellsville Mo
19. (a) 2/11/42 (Date received by registrar) (b) Mary C Jacobs (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8/4 year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 2 1942 to Feb 8 1942 that I last saw he alive on Feb 8, 42 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchio Pneumonia — Feb 2
Right Cardiac Failure — Feb 4
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 107
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature David Basham M.D. (M.D., D.O. or other)
Address Martinsburg Mo Date signed Feb 11

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 16-42-437
Date Filed MAR 13 1942

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~~ Self, Registered Apprentice No. ....., working under my personal supervision.

Signed K. B. Weller

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.