DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1942

Registration District No. 3029

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14912

Primary Registration District No. 3029

Registrar's No. 102

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days Hospital (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

(c) City or town: Rural Warren Township
(If outside city or town limits, write "RURAL")

(d) Street No.: /
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Elizabeth Ann Brownell

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Irving Brownell

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: May (Month) 1 (Day) 1865 (Year)

8. AGE: Years 75 76 | Months 11 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) England (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: No record
13. Birthplace: No record (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: No record
15. Birthplace: No record (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature: Harvey Brownell
(b) Address: Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra, Mo.

18. (a) Signature of funeral director: Leon Brad
(b) Address: Palmyra, Mo.

19. (a) Apr 20 42 (Date received local registrar) (b) R H Common (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 3 minute 40 p. M.

21. I hereby certify that I attended the deceased from April 1, 1942, to April 18, 1942; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac myocarditis	
Due to: Diabetes mellitus	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fracture left arm	

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): V
(b) Date of occurrence: 1/19
(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: John A Ruhm (M. D. or other)
Address: 101 Bridge Bldg Hannibal Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 — PRINT PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

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.....

Licensed Embalmer No. 2382

P. O. Address. Salem, Ore.

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, above space should be left blank.

V. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14912

Registration District No. 347 Primary Registration District No. 3029 Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeths Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 15 days (Specify whether years, months or days)

In this community: 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Marion

(c) City or town: Rural
(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: Elizabeth A. Brownell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: May (Month) 1 (Day) 1863 (Year)

8. AGE: Years 76 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 18 year 1942 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. myo-carditis

Due to: Diabetes mellitus

Due to

Other conditions: Fracture of lt. arm
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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): Accident

(b) Date of occurrence: April 1 1942

(c) Where did injury occur? Lime (City or town) Philadelphia (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lime (Specify type of place)

While at work? no (e) Means of injury: fall

23. Signature: [illegible] (M. D. or other) MD

Address: 100 Palace Hannibal Mo Date signed

SUPPLEMENTARY