-39
I X23159

4
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 164

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 17593

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 yr 4 m 23 d (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Jefferson City
(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 Delia Brown

3. (b) If veteran, name war DK.

3. (c) Social Security No. DK

4. Sex F 3

5. Color or race Black

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife DK

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

7. Birth date of deceased (Month) (Day) 1852 (Year)

8. AGE: Years 90 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Laundrying

11. Industry or business

FATHER
12. Name DK
13. Birthplace DK (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 3 42 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J. C. Roberts

(b) Address Columbia Mo

19. (a) 6-3-1942 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1942 hour 9 minute a M.

21. I hereby certify that I attended the deceased from 5/27/42, 19 , to 5/29/, 1942 that I last saw her alive on 5/29/, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	3d
Due to Senility	
Due to ~~Generalized arterio sclerosis~~	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

108

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 George W Reeves (M. D. or other) MD

Address Fulton Mo Date signed 5/29/42

1171

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.