. S. No. 2
M—1-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20764

FILED JUL 20 1942

Registration District No. 89 — Primary Registration District No. 5131 — Registrar's No. 192

12
0
0

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 12

(a) State Missorri (b) County Butler 0

(c) City or town Henrickson 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah Ann Brown

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 25 (Day) 1864 (Year)

8. AGE: Years 78 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Wayne County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Ross
13. Birthplace North Carolina 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Ramsey
15. Birthplace North Carolina 1 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Brown
(b) Address Henrickson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Military Crossing

18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Missouri

19. (a) 6-18-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 6-12, 1941, to 6-16, 1942 that I last saw her alive on 6-1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix of uterus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) no
(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 J M Henrickson (M. D. or other) 0
Address Poplar Bluff Mo Date signed

42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 742-824
Date Filed JUL 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.