

FILED NOV 18 1942

Registration District No. **337**

Primary Registration District No. **6146**

Registrar's No. **91**

102
002
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Cherry-Box Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jaylor Jurg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 yrs _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby **102**

(c) City or town Cherry Box (Rural) **3**
(If outside city or town limits, write "RURAL") **0**

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME Nancy Jane Brown

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 10 day 3 year 1942 hour 12 minute 20 P. M.

4. Sex F 5. Color or race M 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Peter H. Brown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April - 2 - 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7 1942 to Sept 30 1942
that I last saw her alive on Sept 30 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 6 Days I. If less than one day _____ hr. _____ min.

Immediate cause of death Uremia Duration 3 days

Due to Fracture left femur 25 day

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

Other conditions _____ (Include pregnancy within 3 months of death) **1860**

10. Usual occupation Housekeeper

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name John S. Hayes

13. Birthplace Barbery Co. Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Janala Polan

15. Birthplace Barbery Co. Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ona Cochrum

(b) Address Clarence mo. R 2

17. (a) Burial (b) Date thereof Oct-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherry Box, Mo.

18. (a) Signature of funeral director Edna Hudson

(b) Address Edina Missouri

19. (a) Oct 7, 1942 (Date received local registrar) Walter Yeoch (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident **102**

(b) Date of occurrence 9/6/42

(c) Where did injury occur? Cherry Box, Shelby Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) _____ (e) Means of injury Fall

23. Signature Dr. A. W. Wright (M. D. or other) **DO**

Address Leonard, Mo Date signed 10-5-42

1010

RECEIVED
District Health Office No. 10
District File Number 1-1-42-3016
Date Filed NOV 17 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 *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edina, Minn*

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.