

FILED FEB 15 1943

Registration District No. 1

Primary Registration District No. 5143

1. PLACE OF DEATH:

(a) County. BUTLER
(b) City or town. RURAL Poplar Bluff Mo
(c) Name of hospital or institution. 1
(d) Length of stay: In hospital or institution. In hospital or institution. (Specify whether years, months or days) 40 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. BUTLER
(c) City or town. RURAL
(d) Street No. 10 1/2 mi. S. POPLAR BLUFF MO
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME LILLIE MAUD BROWN

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

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. HENRY C. BROWN 6. (c) Age of husband or wife if alive. 64 years
7. Birth date of deceased. APR 26 1886

8. AGE: Years 56 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation. HOUSEWIFE

11. Industry or business.

MOTHER FATHER { 12. Name. ROBIN MARFIELD
13. Birthplace. ILL (City, town, or county) (State or foreign country)
14. Maiden name. ELIZABETH HUDGINS
15. Birthplace. ILL (City, town, or county) (State or foreign country)

16. (a) Informant. Henry C. Brown
(b) Address. RFD 5 Poplar Bluff Mo
17. (a) Burial (b) Date thereof. JAN 24 1943
(c) Place: burial or cremation. HARRIS RIDGE CEM
18. (a) Signature of funeral director. J. J. Phelps
(b) Address. Poplar Bluff Mo
19. (a) 2-1-43 (b) Bell Turner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. JAN day. 24 year. 1943 hour. 10 minute. 30 A.M.
21. I hereby certify that I attended the deceased from Jan 8 to Jan 8 10 1943
that I last saw her alive on Jan 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Ill.
Due to 330.

Other conditions. Anemia.
(Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

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?
While at work? (Specify type of place) (e) Means of injury.
23. Signature. J. J. Phelps (M. D. or other) O
Address. Mayville Date signed Jan 25 1943

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2
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RECEIVED

District Health Office No.

District File Number 243-18

Date Filed 2-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. P. Phelps

Licensed Embalmer No. 3231

P. O. Address. Joplin Bluffs

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.