

No. 4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19312

FILED JUN 15 1943
Registration District No. 59

Primary Registration District No. 6221

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
12 miles East of Sheldon Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 76 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

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

(d) Street No. 12 miles East of Sheldon Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ELLA BROWN

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife George B. Brown (Dead)

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

7. Birth date of deceased April 3 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 1 27 hr. min.

9. Birthplace Caldwell Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Wilhoite

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

14. Maiden name Susan Massengill

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

16. (a) Informant Frank Brown

(b) Address Joliet Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof May 31 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Brazos Cemetery

18. (a) Signature of funeral director H. D. Brown

(b) Address Sheldon Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 77 minute 5 A.M.

21. I hereby certify that I attended the deceased from May 22 1943 to May 30 1943
that I last saw her alive on May 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Pneumonia Duration _____

Due to Cardiac Decompensation

Due to _____

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

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) _____

(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 M. E. Eston (M. D. or other) NO

Address Sheldon Mo Date signed 5-31-43

1226 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District File Number

Date Filed

3-43-484
6-8-48

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.

*The body of Ella Brown
was not embalmed.*

Signed

A. Bernard Beeny

Licensed Embalmer No.

4161

P. O. Address

Sheldon, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 359

Primary Registration District No. 6221

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Verona
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ella Brown

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 April 3 1903
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____ (State or foreign country)
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) 6-21-43 (Date received local registrar) (b) Shelton Ludwig (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1943 year 7 943 hour _____ minute _____ M.

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

Immediate cause of death hypostatic pulmonary embolism

Due to cardiovascular

Due to _____

Other conditions _____ (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 Shelton Ludwig (M. D. or other) _____

Address Shelton Date signed 6-21-43

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

SUPPLEMENTAL

107

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-19312