

LED OCT 7 1943 / 137

State File No. ....

Registration District No. ....

Primary Registration District No. 5513

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural Linnville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 10 Ma S & C of Clinton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days) 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 042  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 Ma S & C of Clinton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME Mattie E 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, married  
6. (b) Name of husband or wife Henry W Brown  
6. (c) Age of husband or wife if alive: — years  
7. Birth date of deceased: 11 22 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 17  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name George R Purdy  
13. Birthplace Linnville Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary A. M. Allen  
15. Birthplace St Catherine Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant H W Brown

(b) Address St. Louis Mo

17. (a) Burial (b) Date thereof 9 14 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Chapel

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) September 14, 1943 Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1943 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 9  
1943, to Sept 9, 1943;  
that I last saw him alive on Aug 30, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 3 3/4

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 50

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 H. S. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 9-12-43

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

0078 1943

RECEIVED

District Health Officer No. 7,

District No. 9-43-1008

Date Filed 10-7-43

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 Fred W. Steege

Licensed Embalmer No. 2478

P. O. Address Clinton

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

*Handwritten notes and signatures at the bottom of the page.*