

NOV 6 1943 15

State File No. _____

Registration District No. 15

Primary Registration District No. 5300

Registrar's No. 65

1. PLACE OF DEATH:
(a) County CLINTON
(b) City or town Platte Person
(c) Name of hospital or institution: Platte Sup.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Person (If outside city or town limits, write "RURAL")
(d) Street No. Platte Sup. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie BROWN
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 12 year 1943 hour 1 minute 15 P.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 29 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 43
that I last saw her alive on Sept 10 19 43
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 6 13 hr. min.

Immediate cause of death Arteriosclerosis
Due to _____
Due to _____

MOTHER FATHER
9. Birthplace Jonesville Miss 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Stetagen Operator
12. Name Joshua
13. Birthplace New York New York
(City, town, or county) (State or foreign country)
14. Maiden name Ellen McCallum
15. Birthplace Canada
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 97
Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Mrs. Fannie Vanatter
(b) Address Person Mo.
17. (a) Burial (b) Date thereof 9/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Person Mo.
18. (a) Signature of funeral director Edna Funder
(b) Address Platte Mo.
19. (a) 10-2-43 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

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 S. D. Reynolds (M. D. or other) _____
Address Platte Mo. Date signed 9-13-43

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.....

Donell R. Ligon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.