. S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1943

Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5935

State File No. 35468

Registrar's No. 331

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. 4 Sedalia Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 yr. 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 080
(c) City or town Sedalia, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elisabeth Brown
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 14 (Day) 1860 (Year)
8. AGE: Years 83 Months 7 Days 7 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) U (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) U (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) U (State or foreign country)
16. (a) Informant William Brown
(b) Address R. F. D. 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Georgetown
18. (a) Signature of funeral director J. Pryce Alexander
(b) Address Sedalia, Missouri
19. (a) 10-23-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1943 hour Eight minute 15 a.m.
21. I hereby certify that I attended the deceased from June 2, 1943 to Oct 21, 1943 that I last saw her alive on Oct 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremic Poisoning
Due to Chronic Parenchymatous Nephritis
Due to Arterio-Sclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 131 f
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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? — (Specify type of place) (e) Means of injury 0
23. Signature A. R. Maddox (M. D. or other) M.D.
Address 116 W. Main Date signed 10-23-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-2-43

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 J Pryce Alexander
Licensed Embalmer No. 4245
P. O. Address Sedalia, 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.