

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41560

State File No. _____

FILED JAN 10 1944

Registration District No. 77

Primary Registration District No. 4053

Registrar's No. _____

1. PLACE OF DEATH:
 Buchanan
 (a) County Buchanan
 (b) City or town DeKalb,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
 Home at DeKalb, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 74 years
 In this community 74 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Buchanan //
 (a) State Missouri (b) County Buchanan
 (c) City or town DeKalb, //
(If outside city or town limits, write "RURAL")
 (d) Street No. General Delivery //
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country //

3. (a) PRINT FULL NAME Nannie Brown
 3. (b) If veteran, None name war
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 21
 year 1943 hour 7 minute 30 A. M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased: September 25, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1 1943 to Nov 21 1943
 that I last saw her alive on Nov 20 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic Interstitial Nephritis
 Duration 1 yr.

8. AGE: Years 76 Months 1 Days 26
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace: Bentonville, Arkansas
(City, town, or county) (State or foreign country)

Other conditions: 12/20
(Include pregnancy within 3 months of death)

10. Usual occupation: Housekeeper

Major findings: _____
 Of operations: _____

11. Industry or business: Home

Of autopsy: _____

12. Name: John T. Brown

13. Birthplace: Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name: Ettrisa Martin

15. Birthplace: Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Albert Davis (Sister)

(b) Address: Ben Del. DeKalb, Missouri

17. (a) Burial Westlawn Cemetery, DeKalb, Mo.
(Burial, cremation, or removal) (b) Date thereof 11/23/43
(Month) (Day) (Year)

(c) Place: burial or cremation: Westlawn Cemetery, DeKalb, Mo.

18. (a) Signature of funeral director: John E. Supp

(b) Address: 6054 Pryor Ave, City

19. (a) 11/25/43 (b) Opal E. Brown
(Date received local registrar) (Registrar's signature)

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: E. B. McAdow (M. D. or other)

Address: DeKalb Mo. Date signed _____

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

MOTHER FATHER

1227

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1943

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 John E. Repp.....

Licensed Embalmer No. 39186.....

P. O. Address St. Joseph, 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.