

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 8 1944

Registration District No. 289

Primary Registration District No. 3043

Registrar's No. 86

64
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 18 years

3. (a) PRINT FULL NAME Laura Brown

3. (b) If veteran, name war. No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife C. E. Brown

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

7. Birth date of deceased: April 25 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>6</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Josiah Higney

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

14. Maiden name Eliza Ann O'Nan

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

16. (a) Informant Mrs Cecil Teed

(b) Address Hannibal, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3/3/44
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Palmyra

18. (a) Signature of funeral director Lewis Bros. Palmyra

(b) Address Palmyra, Mo.

19. (a) 3-3-44
(Date received local registrar)

(b) R. H. Connor
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1944 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug. 4 3
1944 to March - 1 1944
that I last saw her alive on Feb 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma

Due to carcinoma of rectum

Other conditions 46d

Major findings: Of operations 46d

Of autopsy

Duration 1 year

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. ... (M. D. or other) 6

Address Hannibal Mo Date signed March 2, 44

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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 Robert Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Pa.

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.