

Registration District No. 42 Primary Registration District No. 1200

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1307 Sylvania /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan /
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL") /
 (d) Street No. 1307 Sylvania
 (If rural, give location) 7
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BERTHA IRENE BROWN

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife John W. Brown
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 16 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	7	23	hr. _____ min.

9. Birthplace La Porte Ind. /
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name William Andrew

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

14. Maiden name Martha E. Andrews

15. Birthplace La Porte Ind. /
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry McNutt

(b) Address Des Moines, Ia

17. (a) burial (b) Date thereof 4/11/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director *Rebecca Bowman*

(b) Address 319 South 10th

19. (a) 4/10/44 (b) *Rose Helzog*
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
 year 1944 hour 11 minute 59 A. M.

21. I hereby certify that I attended the deceased from 11-1-1947 to 4-9-1944
 that I last saw her alive on 4-9-1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Rectum about 2 years

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Cancer of Rectum - colon only
 Of operations _____
 Of autopsy _____

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 *R. C. Bowman M.D.* (M. D. or other)
 Address 670 Francis St. Joseph Mo. Date signed 4-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Louis Baumann
Hickory Street Bldg.

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 *Frank A. Brumby*

Licensed Embalmer No. 1710

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.