

FILED JUN 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18838

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: City Hospital # 20
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 506 No. Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME ANN-BROWN JR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day May
year 1944 hour _____ minute 11.0 M.

21. I hereby certify that I attended the deceased from May 31
1944 to May 31 1944

that I last saw h.f.m. alive on May 31 1944
and that death occurred on the date and hour stated above.

4. Sex 7

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced X D

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

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

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

10. Usual occupation X

11. Industry or business X

Immediate cause of death _____

Due to Prematurity

Due to Eclampsia of mother
& Cesarean section

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

Major findings:
Of operations _____

Of autopsy 160c

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name X

13. Birthplace X

14. Maiden name Anna Mae Brown

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

16. (a) Informant Harry Brown

(b) Address 506 No. Mo Sedalia Mo

17. (a) Burial (b) Date thereof 6-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

18. (c) Signature of funeral director J. D. Ferguson

(b) Address 117 E. Jefferson St. Sedalia Mo

19. (a) G. H. H. H. (b) Mrs. Anna Berger
(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 A. R. Maddox (M. D. or other) M.D.
Address 116 1/2 W. Main Date signed 6-2-44

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

1020

RECEIVED

District Health Officer No. 8.

District No. number

Date Filed 6-24-4

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.