V. S. No. 2
00M—5-43
Rev. 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 OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31063

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 232

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 312 West College (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence (If outside city or town limits, write "RURAL") 4

(d) Street No. 811 West Kansas (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 11

3. (a) PRINT FULL NAME MINNIE CLARISA BROWN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 4 (Day) 1860 (Year)

8. AGE: Years 84 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Ira C. Berry
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann (Unknown)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie Rice

(b) Address R. R. # 3, Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/44 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri.

19. (a) 9-9-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7 year 1944 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from August 22, 1944, to Sept 7, 1944, that I last saw her alive on Sept 6, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 d.
Due to: General Arteriosclerosis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83a

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Chas. H. Grafske (M. D. or other)

Address Independence, Mo. Date signed Sept 11, 44

1163 (Licensed Embalmer's Statement on Reverse Side)

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Independence, Ma

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.