S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34587

State File No.

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution
In this community 66 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville, Missouri 2
(If outside city or town limits, write "RURAL") 1
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Lee Brown
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife C. V. Brown
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 28th (Day) 1880 (Year)

8. AGE: Years 64 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Aullville, Mo. (City, town, or county) 9 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name Green Cannada
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Laura Lloyd
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. V. Brown 1
(b) Address Higginsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Muncie
18. (a) Signature of funeral director [illegible]
(b) Address Higginsville, Missouri.
19. (a) 10-7-1944 (Date received local registrar) (b) Dr. W. A. Braeckler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th year 1944, 11 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Sept. 11th, 1944, to October 6th, 1944 that I last saw her alive on October 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	
Due to Malignant tumor of uterus and bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92e	
Of autopsy	

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 2

23. Signature Leon Spencer (M. D. or other) DO
Address Higginsville, Missouri Date signed Oct. 6, 1944

1149

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 2
11-9-44

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 Forest H. Riekhof

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.