

FILED NOV 28 1945
Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mattie Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R. J. Brown 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased October 30 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James Tomlinson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mellie Brown
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant R. J. Brown
(b) Address Campbell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-45
(Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Campbell

18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri

19. (a) Nov 1, 1945 (Date received local registrar) (b) M. J. Campbell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1945 hour _____ minute 6:00 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Oct 29, 1945
that I last saw her alive on Oct 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

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

Major findings: _____
Of operations 830
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) (c) Means of injury 2

23. Signature Dr. B. L. Franklin
Address Campbell, Mo. Date signed 10/30/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 1145-3279

Date Filed 11-8-45

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.....

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address.....

Campbell, Missouri

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.