

No. 2
-542
5-17-39

FILED FEB 18 1946

Registration District No. **2381**

Primary Registration District No. **4355**

Registrar's No. **132**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **New Madrid**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No**
(Specify whether years, months or days) **1.5 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **New Madrid**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Vida MAE BROWN**

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

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emmanuel Brown** 6. (c) Age of husband or wife if alive **53 years**
7. Birth date of deceased **April - 9 - 1901**
(Month) (Day) (Year)

8. AGE: Years **44** Months **9** Days **16** If less than one day hr. min.

9. Birthplace **Perry Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Leth Parks**
13. Birthplace **unk unk 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Gies**
15. Birthplace **unk unk 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmanuel Brown**

(b) Address **New Madrid, Mo.**

17. (a) **Buried** (b) Date thereof **1-31-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sandhill**

18. (a) Signature of general director **Richard Lind Co**

(b) Address **New Madrid, Mo.**

19. (a) **2-12-46** (b) **Helena Lou Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **25**
year **1946** hour **7:00** minute **p.** M.

21. I hereby certify that I attended the deceased from **Jan 19 1946** to **Jan 25 1946**
that I last saw him alive on **Jan 27 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration
Hypertension
Due to
Due to
Other conditions (include pregnancy within 3 months of death) **✓**

Major findings: Of operations **✓**
Of autopsy **None**

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **J. P. D. ...** (M. D. or other)
Address **...** Date signed **2-25-46**

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2-25-46

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

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9861 3 2 FEB 1945

MAR 4 1945

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 *I. G. Collins*

Licensed Embalmer No. *4346*

P. O. Address *New Madrid, 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.