

FILED MAY 2 1946

Registration District No. 2

Primary Registration District No. 5019

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Helena
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Helena
(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 _____

3. (a) PRINT FULL NAME Maudie May Brown

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Robert Lee Brown 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased October 22 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>2</u>	hr. _____ min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence Baker
13. Birthplace Ithaca New York
(City, town, or county) (State or foreign country)
14. Maiden name Lutitia Tetherow
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Loren Brown
(b) Address Iatan, Mo.

17. (a) burial (b) Date thereof 4/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester, Mo.

18. (a) Signature of funeral director Walter Beale & Bowman
(b) Address St. Joseph, Mo.

19. (a) 4-28-46 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 21st, 1946 to April 24, 1946
that I last saw her alive on April 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration few hrs

Due to Angina Pectoris 48 hr
dilatation of aorta 2 1/2 yrs.

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

Major findings:
Of operations _____
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 H. E. Madwell (M. D. or other) MD
Address Cosby, Mo. Date signed 4/24/46

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

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.....

Raymond W. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th & Joseph

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.