

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CERTIFICATE OF DEATH
FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

15759

State File No. _____
Registrar's No. 545

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital (Dieters) 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community St. Joseph 32 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Buchanan 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1821 Angeline Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Louise Dorothy Brown
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6
year 1946 hour 8 minute 0 M.
21. I hereby certify that I attended the deceased from May 1 1946 to May 6 1946
that I last saw him alive on May 6
and that death occurred on the date and hour stated above.

4. Sex Female 3 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife me. 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased July 22 1913
(Month) (Day) (Year)

Immediate cause of death Uremia
Due to Nephritis Acute 5 days
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy 30

8. AGE: Years Months Days If less than one day
32 9 14 hr. min.

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? _____

9. Birthplace St. Joseph Buchanan - mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Mr. James Miggitt

13. Birthplace Ellicoth mo
(City, town, or county) (State or foreign country)

14. Maiden name Burdie Williams

15. Birthplace Belford mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. B. Brown

(b) Address 1821 Angeline Street

17. (a) Burial (b) Date thereof May 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address 1602 Mesquite Street

19. (a) May 13 1946 (b) A. J. McLeod
(Date received local registrar) (Registrar's signature)

23. Signature Wm. H. Alexander (M. D. or other) MB
Address Central Bldg ST. JOSEPH Date signed 5/9/46

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

14651

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 Frank A. Berman

Licensed Embalmer No. 1710

P. O. Address St. Joseph, 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.