

S. No. 2
OM-543
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35832

FILED NOV 12 1946
Registration District No. 337

Primary Registration District No. 4495

Registrar's No. 104

1. PLACE OF DEATH:

(a) County. Shelby county

(b) City or town. Bethel, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None
Entire life (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Shelby

(c) City or town. Bethel
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie May Brown

3. (b) If veteran, name war. X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1946 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 16
1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

6. (a) Single, widowed, married, divorced. Married

that I last saw her alive on Oct 18
1946

Immediate cause of death: Coronary occlusion
causing Complete Block
heart block

6. (b) Name of husband or wife. Benjamin F. Brown

6. (c) Age of husband or wife if alive. 85 years

7. Birth date of deceased: September 23rd 1870
(Month) (Day) (Year)

Due to _____

Due to _____

Other conditions: Hypertension
(Include pregnancy within 6 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>25</u>	hr. _____ min. _____

Major findings: AS

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation: House wife

11. Industry or business _____

12. Name: John R. Lydick

13. Birthplace: Palmyra Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Lake

15. Birthplace: Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Benjamin F. Brown

(b) Address: Bethel, Mo.

17. (a) Burial (b) Date thereof: 10-20-1946
(Burial, ~~cremation~~) (Month) (Day) (Year)

(c) Place: burial or cremation: Shiloh Cemetery
Million & Barkelaw

18. (a) Signature of funeral director: Shelbina, Mo.

(b) Address: _____

19. (a) Oct 29 46 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

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) _____
Means of injury 2

23. Signature: Gladys Bowen (M. D. or other) DO
Address: Bethel Mo. Date signed: Oct 23 1946

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

0

34654

307

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1999
Date Filed NOV - 8 1946

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..... *W. Hawkins*

- - Licensed Embalmer No. *3498*

P. O. Address..... *Shilbina Md*

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.