

No. 2
-1/47-
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37835

FILED NOV 25 1947

State File No.

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution Wright Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether)

In this community 11 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Liberty Township
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles West Gallatin, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Josie Ann 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 Married

6. (b) Name of husband or wife Walter Brown

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 27 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1947 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Nov. 1st
1946 to Nov. 6th 1947
that I last saw him er alive on Nov. 6th 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>9</u>hr.min

Immediate cause of death Cardio-vascular
Renal Disease

Due to Do not know

Due to

Other conditions (include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name Joseph Riley Taylor

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

14. Maiden name Mary Frances Morris

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Brown

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 11-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey Missouri

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin Mo.

19. (a) 11-10-47 (b) Diene Fair
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations A. J. D.

Of autopsy

Underline the cause of 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? 0
(Specify type of place)

While at work? 0 (Specify means of injury) MD

23. Signature Oliver F. Duff (M. D. or other) MD

J. Santos Address Date signed Nov. 1947

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

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1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____
Walter E. Mayo Registered Apprentice No. 458
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3424

P. O. Address Clinton 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.