

No. 2  
-1/47  
-17-39

National Office of Vital Statistics  
**FILED JAN 24 1948**

Registration District No. **32**

Primary Registration District No. **3006**

1. PLACE OF DEATH:

(a) County **Boone**

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

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

(d) Length of stay: In hospital or institution **2 Days**  
(Specify whether years, months or days)

In this community **4 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

(c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")

(d) Street No. **601 S. 4th St**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **ELIZABETH COIT BROWN**

3. (b) If veteran, name war. **None**

3. (c) Social Security No. ....

4. Sex **Female**

5. Color or race **White**

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

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

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

7. Birth date of deceased. **3 - 29 - 1904**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>43</b>	<b>9</b>	<b>15</b>	hr. .... min.

9. Birthplace. **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Edmund Fowler Brown**

13. Birthplace **Carthage New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Relihan**

15. Birthplace **Painted Post New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mildred W. Brown**

(b) Address **601 S. 4th St., Columbia, Mo.**

17. (a) **Removal** (b) Date thereof **1-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waterloo, Iowa**

18. (a) Signature of funeral director **Parker Funeral Service**

(b) Address **Columbia, Mo.**

19. (a) **1-14-48** (b) **Mrs. R. E. Palmer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **14**  
year **1948** hour **2** minute **A. M.**

21. I hereby certify that I attended the deceased from **Jan 12, 1948** to **Jan 14, 1948**  
that I last saw him alive on **Jan 13, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery disease**  
**myocardial infarction**

Due to **plumonia from pulmonary infection**

Due to **myocardial infarction**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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.....

23. Signature **S. J. Baskett** (M. D. or other) **M. D.**  
Address **Columbia, Mo.** Date signed **1/14/48**

Duration  
**1 1/2 days**

PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

1/23/48  
District Health Officer No. 9

APR 2 1948

RECEIVED

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 *Thomas L. Daring*

Licensed Embalmer No. *4132*

P. O. Address *Columbia, 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.