S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5558

State File No. .....

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 7

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL - JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 3, PARIS
(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 MONROE 69
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3, PARIS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME LETTIE MANUE BROWN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WOOD BROWN
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased MAY (Month) 28 (Day) 1870 (Year)

8. AGE: Years 76 Months 8 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace MONROE CO., (City, town, or county) MO. (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name JOHN CREASMAN
13. Birthplace (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name FRANCES C. BURTON
15. Birthplace (City, town, or county) MO (State or foreign country)
16. (a) Informant MRS. JAS. THRELKELD
(b) Address PARIS, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Speed Blakey
(b) Address PARIS, MO.
19. (a) 2-6-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 5 year 1948 hour 9 minute 20 P.M.
21. I hereby certify that I attended the deceased from NW 1942, to Feb - 5 1948; that I last saw her alive on 6 P.M. 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration NK
Due to coronary and cardiac failure
Due to Exp - nephritis -
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ✓ 131 P
Of autopsy

PHYSICIAN
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? (Specify type of place) 31
While at work (e) Means of injury
23. Signature Nellie G. Christman (M.D. or other) P.O.
Address PARIS, MO. Date signed 2-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48-345
Date Filed FEB 17 1948

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 E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.