

National Office of Vital Statistics
FILED DEC 15 1948Registration District No. 141Primary Registration District No. 3025Registrar's No. 49

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town West Plains
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Christa Hogan Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Over 25 yrs.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE WARREN BROWN3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 21 years
 7. Birth date of deceased Dec. 21, 1876
 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 22 If less than one day
 hr. min.

9. Birthplace Hartsville, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Seamstress11. Industry or business own

12. Name Steven Troy Russell
 13. Birthplace Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Warren
 15. Birthplace Ky.
 (City, town, or county) (State or foreign country)

16. (a) Informant Troy Russell
 (b) Address Wilkenburg, Pa.
 17. (a) Oak Lawn Cemetery (b) Date thereof 11/16/48
 (Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.
 18. (a) Signature of funeral director Hal Thompson
 (b) Address West Plains, Mo.

19. (a) Dec 2-48 (b) Beatrice Cook
 (Date received local registrar) (Registrar's signature) 279

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell **46**
 (c) City or town West Plains **1**
 (If outside city or town limits, write "RURAL")
 (d) Street No. Grove Street **1**
 (If rural, give location) **0**
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 11/9
1948 to 11/13 1948
 that I last saw her alive on 11/13 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of uterus **1yr**

Due to.....

Due to.....

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

Major findings:

Of operations.....

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)
 While at work?..... Means of injury..... **0**

23. Signature Beall (M. D.) 000000
 Address West Plains, Missouri Date signed 11/24/48

RECEIVED 12-6-48
District Health Officer No. 5,
District No. Number 1248746
Date Filed 12-7-48

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, OKK
....., Registered Apprentice No.
working under my personal supervision.

Signed Hal Thomburg
Licensed Embalmer No. 3408
P. O. Address West Plains, 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.