

FILED APR 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13529

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Illinois</u> b. COUNTY <u>Perry</u> 999	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francois Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tamaroa</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALSA</u>	b. (Middle) <u>DANA</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 5, 1864</u>	9. AGE (in years last birthday) <u>85</u>	if UNDER 1 YEAR <u>0</u> Days	if UNDER 1 YEAR <u>3</u> Hours	if UNDER 1 HR. <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry Co. Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James Eaton</u>	13b. MOTHER'S MAIDEN NAME <u>Lena D. Sullivan</u>	14. NAME OF HUSBAND OR WIFE <u>Charles W. Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms. James A. Ballard</u>	ADDRESS <u>Farmington, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner's Jury Verdict: death due to burns of unknown cause</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>cause</u> DUE TO (c) <u>Body completely burned</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3979X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>apparently suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington St. Francois Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 8, 1949 2A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>body burned</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bert G. Miller</u> (Degree or title) <u>3 Coroner</u>	23b. ADDRESS <u>Farmington, Mo</u>	23c. DATE SIGNED <u>4/8/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/10/49</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Tamaroa</u>	24d. LOCATION (City, town, or county) (State) <u>Tamaroa Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 9, 1949</u>	REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bert G. Miller</u>	ADDRESS <u>Funeral Home, Farmington Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

449

RECEIVED

Health Officer No. 4

File Number 449-52

Date Filed 4-18-49

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision. *Placed in sealed casket.*

Student
Student Embalmer

Signed *Bud J. Miller*

Licensed Embalmer No. 3752

P. O. Address *Farmington, 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.