

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31044
Registrar's No. 288

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

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 903 Vine		d. STREET ADDRESS (If rural, give location) 903 Vine	

3. NAME OF DECEASED (Type or Print) a. (First) Frances Hester Brown b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) August 29, 1949		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 2, 1863		9. AGE (In years last birthday) 86		10. MONTHS 2 11. DAYS 27 12. IF UNDER 1 YEAR IF UNDER 24 HRS. 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (State or foreign country) Wheeling West Virginia			12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME William Bellville		13b. MOTHER'S MAIDEN NAME Susan Bastain		14. NAME OF HUSBAND OR WIFE Adelbert Brown	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. C.A. Brown, Hannibal Missouri		ADDRESS _____	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular (Chronic Myocarditis)		ANTECEDENT CAUSES				DUE TO (b) Senility	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				7227	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Aug 17, 1949, to Aug 29, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 3:50 Pm, from the causes and on the date stated above.

23a. SIGNATURE A. P. Blue, M.D. (Degree or title)		23b. ADDRESS Hannibal		23c. DATE SIGNED Sept 3/49	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE September 1, 1949		24c. NAME OF CEMETERY OR CREMATORY Riverside		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
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DATE REC'D BY LOCAL REG. 9-6-49		REGISTRAR'S SIGNATURE A. E. M. Lucke		FUNERAL DIRECTOR'S SIGNATURE W. C. ...		ADDRESS Hannibal Missouri	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John S. Stand

Signed _____
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.