.S. No. 300
EV. 10-48

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FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32918

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4098 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton
c. LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 703 2nd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton 0190 0
d. STREET ADDRESS (If rural, give location): 703 2nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): ANNETTA
b. (Middle): A
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): Oct 14 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 27-1861
9. AGE (In years last birthday): 89 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Willoughby Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joel H Nash
13b. MOTHER'S MAIDEN NAME: Charlotte Neal
14. NAME OF HUSBAND OR WIFE: Eugene J Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Ernest Nunnenburger — **ADDRESS**: Harrisonville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralysis from
DUE TO (c) Cerebral hemorrage — 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Mar 15, 1946, *to* Oct 12, 1950, *that I last saw the deceased alive on* Oct 12, 1950, *and that death occurred at* 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R M McKee (Degree or title) MD
23b. ADDRESS: Belton Mo
23c. DATE SIGNED: Oct 14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 16-1950
24c. NAME OF CEMETERY OR CREMATORY: Austin Cemetery
24d. LOCATION (City, town, or county) (State): Austin Mo.

DATE REC'D BY LOCAL REG.: Oct. 14, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Ernest Nunnenburger — **ADDRESS**: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 21 1950
HEALTH DEPARTMENT

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 R. J. Lindley, Student Embalmer No. 369, working under my personal supervision.

Student R. J. Lindley
Student Embalmer

Signed Ernest Rannenberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.