S. No. 2
M—2-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20940

FILED JUL 8 1946

Registration District No. 206 Primary Registration District No. 3242 Registrar's No. 129

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
507 Anthony St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 507 Anthony St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Isobell Brown
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James M. Brown
6. (c) Age of husband or wife if alive deceased yrs
7. Birth date of deceased Nov. (Month) 16, (Day) 1872 (Year)

8. AGE: Years 73 | Months 7 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Brunot (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none

FATHER
12. Name George King
13. Birthplace Brunot (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Stevens
15. Birthplace Faro (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ella R. Hibbitts
(b) Address Fredericktown, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Beulah Cemetery Brunot, Missouri
18. (a) Signature of funeral director Sam Napier, Jr.
(b) Address Fredericktown, Mo.
19. (a) 6-27-46 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1946 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from April 10th, 1944 to June 25th, 1946
that I last saw h.c.r. alive on June 25th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma (Cardiac orifice of stomach)	Undetermined
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 46h

PHYSICIAN — Underline the cause to 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? (e) Means of injury

23. Signature Keith L. Hull (M. D. or other) D.O.
Address Fredericktown, Mo. Date signed 6-26-46

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(Licensed Embalmer's Statement on Reverse Side)

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