REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. McKell

6758
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 117
(c) City Springfield Mo. (d) Street No. 748 N. Main St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Brown 650
(a) Residence, No. 748 N. Main St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: John Brown (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 16, 1871

7. AGE ✓

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
66	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenfield Muskogee

FATHER
13. NAME: Robert C. Sanford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Henrietta McGeary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Millard Bryant Son Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Park DATE: Feb 7 1938

19. FUNERAL DIRECTOR (ADDRESS): Alma Lammeyer Springfield Mo.

20. FILED: Feb 7 1938 Chas. A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 5 — 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to Feb 5, 1938.
I last saw h... alive on Feb 5, 1938. Death is said to have occurred on the date stated above, at 6a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

I 2 a 1

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) N. A. McKell, M. D.
(Address) Springfield

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

80M-7920-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Alma Lohmeyer, Licensed Embalmer No. 2796

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. O. Northey

L. E.

No. 1767 or by, Registered Apprentice No.

working under my personal supervision.

Signed E. O. Northey

Licensed Embalmer No. 1767

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.)