

REC'D MAY 18 1939

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

15240  
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427  
(b) Township Madison Primary Registration District No. 4253  
(c) City Holden or Holden (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF \_\_\_\_\_ (OR) WIFE OF Mrs. Ethel E. Brown.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 16-1867

7. AGE YEARS 71 MONTHS 6 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Oshkosh (STATE OR COUNTRY) Wisconsin

13. NAME George L. Brown

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Lester Brown  
Kingsville Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE April 15 1939  
LDS.

19. FUNERAL DIRECTOR (NAME) T. W. Goodman (ADDRESS) Holden Missouri

20. FILED Apr 14 1939 Mrs. H. O. Redford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_, 19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on Sudden \_\_\_\_\_ 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at 9-45 A.M.

The principal cause of death and related causes of importance were as follows:  
Struck by Train  
Body crushed & mangled

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury April 13, 1939  
Where did injury occur? Holden Mo. on R.R. tracks  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. R.R. tracks

Manner of injury Killed by train

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. L. Bradley Brown, M. D.  
(Address) Tranenburg Mo.

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

K. 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.

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Date Filed 5/8/39  
District File Number

District Health Officer No. 8

RECEIVED

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. M. Goodman

Licensed Embalmer No. 2424

P. O. Address Holden 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, above space should be left blank.**