

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

22389
Do not use this space.

JUL 17 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002
 (c) City Joplin (d) Street No. 2611 E. 15th St. 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bernard E. Brown

(a) Residence, No. 2611 E. 15th St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lenora Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 5 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETAIL TIRE DEALER
 9. Industry or business in which work was done, as saw mill, bank, etc. DEALER
 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) Sweet Springs, Missouri

FATHER 13. NAME James O. Brown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Susan Black

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Lenora Brown
2611 E. 15th St.

18. BURIAL PLACE Elmwood Cemetery
K. C., Mo. DATE 6-20-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon
Joplin, Missouri

20. FILED 6-19 1939 Ed James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-18-39 to 6-18-39
 I last saw him alive on June 18, 1939. Death is said to have occurred on the date stated above, at 10:45 P.M. 6/17/39
 The principal cause of death and related causes of importance were as follows:

Heart Attack Date of onset

Other contributory causes of importance: 95%

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify
 (Signed) R. A. Winchester M. D.
 (Address) Joplin, Mo.

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.

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RECEIVED

District Health Officer No. 6,

District File Number 739-1398

Date Filed JUN 10 1939

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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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.