

No. 2
-11-10-39
5-17-39
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Smalley 15772

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 15 1940

Registration District No. 670

Primary Registration District No. 5893

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Bowling Green
(c) Name of hospital or institution: Beaman, Mo. Route # 1.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural
(d) Street No. Beaman, Mo. Route # 1.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1940 hour 6- minute 30 AM.
21. I hereby certify that I attended the deceased from April 4-
1940 to April 19- 1940
that I last saw him alive on April 18- 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Roland Martin Brownfield 651

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Grace Brownfield 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 9 If less than one day
hr. _____ min. _____

9. Birthplace Longwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Brownfield
13. Birthplace Peoria Illinois
14. Maiden name Jane Powell
15. Birthplace Tenn.

16. (a) Informant Nellie Brownfield
(b) Address Beaman, Mo.

17. (a) Burial (b) Date thereof Apr. 20/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.
(b) Address _____

19. (a) Apr. 10-1940 (b) Flossie Ferguson
(Date received local registrar) (Registrar's signature)

Immediate cause of death Bronchial Pneumonia
Due to Emphysema and Bronchial Asthma
Other conditions _____
Major findings: Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Specify type of place _____
Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Sedalia Date signed 4/20/40

RECEIVED
District Health Officer No. 8,
District File Number 5-13-40
Date Filed

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 Geo. Dillan

Licensed Embalmer No. 3868

P. O. Address Sidalia 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.