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X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28832

Registration District No. 417 Primary Registration District No. 5561.D. State File No. 28832
Registrar's No. 92

1. PLACE OF DEATH:
(a) County Kemper
(b) City or town RURAL, WEST OF WEBB & CITY.
(c) Name of hospital or institution: Atlas Powder Co.
(d) Length of stay: In hospital or institution 3
In this community 650 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(d) Street No. 213 W. Lewis
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Lloyd Franklin Brown
(b) If veteran, name war 1
(c) Social Security No. 496-03-275

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 16 year 1940 hour 8- minute 15 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fern Brown
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Feb 14 1906

21. I hereby certify that I attended the deceased from 1 to 19 1940 that I last saw dead alive on Aug 9, 16- 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 6 Days 2 hr. min.

Immediate cause of death Badly torn
to pieces by explosion

9. Birthplace Charleburg Missouri

Due to Powder explosion
at Atlas Powder Co. works

10. Usual occupation Trucker

Due to —

11. Industry or business Atlas Powder Co.

Other conditions 144 P
Major findings: —
Of operations —
Of autopsy Investigation

12. Name William Brown

13. Birthplace Charleburg Missouri

14. Maiden name Mother (P. Adelle)

15. Birthplace Unknown

16. (a) Informant Fern Brown
(b) Address Carterville, Mo

17. (a) Burial (b) Date thereof Aug 19 1940
(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Walt Atwell Co.
(b) Address Walt City, Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence August 16-1940
(c) Where did injury occur Atlas Powder Plant, Jasper, Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Plant
While at work? Yes (Specify type of place) Explosion
(e) Means of injury Explosion
23. Signature L. F. W. Hunter (M. D. or other) 5
Address Jasper, Mo. Date signed 8-20-40

19. (a) AUG. 20, 40 (b) 311 (Registrar's signature)
(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

40-9-332

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.