

6. 2
13-40
7-39
X23159

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 614 W. 6th 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 Years
years, months or days

3. (a) PRINT FULL NAME Alfred Harding Brown

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 married

6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Jan. 28, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 8 20 hr. _____ min.

9. Birthplace Waverly N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Prop Feed Store

11. Industry or business _____

12. Name Chas Brown

13. Birthplace New York.
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Greer

15. Birthplace New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Wade Brown

(b) Address Webb City Mo;

17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo; 377

19. (a) 10-22-40 (b) E. S. Jantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")

(d) Street No. 614 1-2 West 6th St;
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 18, year 1940
hour 7-00 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from July 21, 1940, to Oct 18, 1940; that I last saw him alive on Oct. 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration Oct 05

Due to Fracture of Left Hip 7-21-40

Due to _____

Other conditions 10-18
(Include pregnancy within 3 months of death)

Major findings: Of operations 1-

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 7/21/40

(c) Where did injury occur? Joplin Jasper Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Yes (Specify type of place) (e) Means of injury FALL

23. Signature E. S. Jantz (M. D. or other) MD

Address Joplin Mo Date signed 10-21-40

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

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 *Sam Sinsney*

Licensed Embalmer No. *4049*

P. O. Address *John 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, fact should be so stated above.