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13-40
17-39
X23159

Registration District No. 417 Primary Registration District No. 2021 Registrar's No. 129

FILED DEC 10 1940

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JANE CHINN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSPITAL 3 days
(Specify whether)

In this community 5 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 210 N PEAKN
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ABRAHAM LINCOLN 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 WIDOWED

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 27 1847
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 1 If less than one day hr. min.

9. Birthplace No data Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER 1

11. Industry or business FARM 9

12. Name UNKNOWN 2

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs Mabel Wilhite

(b) Address Joplin Mo.

17. (a) BURIAL (b) Date thereof Nov. 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEPWOOD CEMETERY

18. (a) Signature of funeral director Negde-Nelson

(b) Address Webb City, Mo.

19. (a) NOV. 30 40 (b) J. H. Ditcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1940 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Nov 21, 1940, to Nov 26, 1940;
that I last saw him alive on Nov 25, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia

Due to Cardiovascular and Cerebral Disease

Due to 121

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (City or town) (County) (State)

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

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

23. Signature R. M. Stormont (M. D. or other)

Address Webb City Mo Date signed 11/20/40

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

9
1
2

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.....

E. M. Hedge

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. M. Hedge

Licensed Embalmer No.

2859

P. O. Address.....

Westport, Wis

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.