

No. 2
4-13-40
3-17-39
1-1-38

JAN 10 1941

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **1012**

39
3
6

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

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution: **Springfield Hosp. Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Four Months**
(Specify whether In this community. **Life time** years, months or days)

3. (a) PRINT FULL NAME **Joe Glaser Brownlow**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single**

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

7. Birth date of deceased **September 12, 1918**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	✓ 22	3	6	hr. min.

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

10. Usual occupation **Student**

11. Industry or business **In College**

12. Name **Marvin Brownlow**

13. Birthplace **Buffalo, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Glaser**

15. Birthplace **Louisiana, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Marvin Brownlow**

(b) Address **Chicago, Illinois**

17. (a) **Burial** (b) Date thereof **12 -20 -40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **12-20-40** (b) **W. E. Handley, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **715 E. Walnut**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18th**
year **1940** hour **11** minute **00 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him ~~alive~~ ^{dead} on **Dec 18**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bullet wound through head.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Dec 18, 1940**

(c) Where did injury occur? **James** (City or town) **Greene** (County) **Mo** (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Shot self through head while driving car which ran over
White at work? **yes** (Specify type of place) **suburban met**
road (a) Means of injury _____

Signature **A. H. White** (M. D. or other) **5**

Address **Courier Greene County** Date signed **12-20-40**

Duration	lived 30 min
PHYSICIAN	_____
Underline (the cause to which death should be charged statistically).	_____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.