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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25093
Registrar's No. 554

AUG 15 1941 318
Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH: GREENE
(a) County SPRINGFIELD
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 526 S. JEFFERSON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES HARRISON BROWN
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 MARRIED
6. (b) Name of husband or wife MATTIE LOU BROWN
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Dec 6 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Christian Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Construction Work

12. Name Perry M. Brown

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

14. Maiden name Gene Pagetale

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

16. (a) Informant Mattie Lou Brown

(b) Address Springfield, Mo.

17. (a) (Burial, cremation, or removal) Burial
(b) Date thereof July 13, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. W. E. Handley

(b) Address Springfield, Mo.

19. (a) 7-13-41 (Date received local registrar)
(b) J. W. E. Handley (Registrar's signature)

104 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 526 S. JEFFERSON
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8th
year 1941 hour 11 minute 58 P.M.

21. I hereby certify that I attended the deceased from 6/25/41 to 7/8/41
that I last saw him alive on 7/8/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation
Duration

Due to 92%
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)

(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?

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

Signature J. E. H. H. H. (M. D. or other)
Address Springfield Mo Date signed 7/10/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

039
2
6

7
2
2

55-497-0130

AUG 16 1941

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 *Ogle Stone Jr.*
Licensed Embalmer No. *4176*
P. O. Address *Springfield*

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.

X