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4-41  
7-39  
X26390

State File No. ....

REG. DEC 12 1941  
Registration District No. 194

Primary Registration District No. H172

Registrar's No. 46

1. PLACE OF DEATH:

(a) County. Dunklin

(b) City or town. Kennett

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. none

In this community. 12 yrs

years, months or days (Specify whether)

3. (a) PRINT FULL NAME Genevieve Greenlaw Brown

3. (b) If veteran. name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife. Frank Brown

6. (c) Age of husband or wife if alive. 23 years

7. Birth date of deceased. August 19 1924

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>3</u>	<u>6</u>	hr. min.

9. Birthplace. Marrelton Ark.

(City, town, or county) (State or foreign country)

10. Usual occupation. housewife

11. Industry or business. \_\_\_\_\_

MOTHER FATHER

12. Name. Johnny Greenlaw

13. Birthplace. Marrelton Ark.

(City, town, or county) (State or foreign country)

14. Maiden name. Mariah Pruett

15. Birthplace. Marrelton Ark.

(City, town, or county) (State or foreign country)

16. (a) Informant. Mariah Pruett Brooks

(b) Address. 813 n. main

17. (a) Burial (b) Date thereof. Nov. 27, 41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Ridge Cemetery

18. (a) Signature of funeral director. Jane Salmon

(b) Address. Kennett, Mo

19. (a) 11/28-41 (b) Julius Plankinschuf

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Dunklin

(c) City or town. Kennett

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

(d) Street No. 813 north main

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25

year 1941 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-22-41

1941 to 11-25-41 1941

that I last saw h. alive on 11-22

and that death occurred on the date and hour stated above. 1941

Immediate cause of death. Pulmonary Tuberculosis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 136

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature J. Rigdon (M. D. or other) U

Address Kennett Date signed \_\_\_\_\_

11-26 1941

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

RECEIVED

District Health Office No. 2,

District File Number 1241-1655

Date Filed 12/9/41

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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, [Signature]

Licensed Embalmer No. 2556

P. O. Address [Address]

**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.**