

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41915

State File No. _____
Registrar's No. 1000

Registration District No. 318

Primary Registration District No. 2001

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: 1368 Roanoke
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1368 Roanoke 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Sarah Brownsell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel Brownsell 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July 31, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation In Home

11. Industry or business _____

MOTHER FATHER { 12. Name Edgar Farrington
13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Kepp
15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Borger
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer uneral Home
(b) Address Springfield, Missouri

19. (a) 12-26-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1941 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 14
1941 to Dec 24 1941
that I last saw her alive on Dec 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to 107

Due to _____

Other conditions Informative of age
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature J. M. King MD (M. D. or other) _____
Address Springfield, Mo Date signed 12/26/41

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

JUN 29 1943

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 *Wayne Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

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.

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