

No. 2
4-13-40
5-17-39
P1 X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

42351

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 17 1942

Registration District No. 316 474

Primary Registration District No. B35 625

Registrar's No.

1. PLACE OF DEATH:
 (a) County Lawrence XXXXXXXXX
 (b) City or town Halltown XXXXXXXXX
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Transient
 years, months or days)

3. (a) PRINT FULL NAME Lillie B Brown
 3. (b) If veteran, name war No
 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joe Brown
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased July 5 1873
 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 7
 If less than one day hr. _____ min.

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

10. Usual occupation Retired Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Sullivan
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant James E. Salmon

(b) Address Alexis, Ill. R # 1

17. (a) Burial (b) Date thereof Oct 14-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Donophin Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield Mo.

19. (a) 1-13-42 (b) W. J. Beckney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County 999
 (c) City or town Alexis 11
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. R.R. # 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
 year 1941 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest Duration _____

Due to _____

Due to car collision

Other conditions passenger of the car

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

1702-6
72

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 Oct 12, 1941

(c) Where did injury occur? Halltown (City or town) Lawrence (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place Highway (Specify type of place)

While at work? _____ (e) Means of injury Crushed chest

23. Signature Edwin Wilkes (M. D. or other) Coroner

Address Pierson City Mo. Date signed 1/9/42

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

JAN 21 1942

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.....

Walter E. Hamilton

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield, Mo

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.