

FILED FEB 13 1942

Registration District No. 318

Primary Registration District No. 2001

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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: 334 W. WALL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

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. 334 W. Wall
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JASPER BROWN

3. (b) If veteran, name war NONE

3. (c) Social Security No. 2939-1492

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th
year 1942 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1942 to Jan 19 1942
that I last saw him alive on Jan 18 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife DOTTIE BROWN

6. (c) Age of husband or wife if alive 56 years
NOV. 1 1873
(Month) (Day) (Year)

Immediate cause of death: Myocardial insufficiency
Arterio Sclerosis

Due to _____

Due to _____

8. AGE: Years 68 Months 2 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Laboring

12. Name Calvin Brown

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

14. Maiden name Margaret Mervis

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

16. (a) Informant Dotie Brown

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan 22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

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

(b) Address Springfield, Mo.

19. (a) 1-22-42 (b) W. H. H. H. H.
(Date received local registrar) (Registrar's signature)

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings: 93 R
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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature E. H. H. H. H. (M. D. or other) _____

Address Springfield Date signed 1/20/42

W24

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.

J. M. Rhodes
4071
Springfield