

FILED APR 14 1942

Registration District No. _____

Primary Registration District No. 3003

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 7th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 601 7th. St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Homer Edward Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-01-6882

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Elizabeth Brown 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased February 20, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 13 hr. min.

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

10. Usual occupation Meat Salesman

11. Industry or business _____

MOTHER { 12. Name G. P. S. Brown
13. Birthplace Green County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eva Edwards
15. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Brown
(b) Address 601 7th. St. Monett, Mo.

17. (a) Burial (b) Date thereof 3-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) Feb. 4-1942 (b) Mrs. Geo. Harman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan, 1941, to March 3, 1942; that I last saw him alive on March 3, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 day

Due to Gamma 7 Trachea

Due to Sepsis

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) (a) Means of injury _____

23. Signature Frank Bennett (M. D. or other) _____
Address Monett Mo Date signed 3/4/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

105
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RECEIVED

District Health Officer No. 6,

District File Number 442-504

Date Filed APR 11 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.....

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.