DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

Registration District No. 6809

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

18588

State File No.

Primary Registration District No. 4363

Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 508 N. High
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No. 508 N. High
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME WILLIAM RAY BROWN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) H (Day) 1942 (Year)
8. AGE: Years | Months | Days | If less than one day 18 hr. min.
9. Birthplace Neosho (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name CURTIS BROWN
13. Birthplace BENTONVILLE (City, town, or county) ARK (State or foreign country)
14. Maiden name DOROTHY CARR
15. Birthplace GALENA (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Curtis Brown
(b) Address Neosho MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address NEOSHO MISSOURI
19. (a) 5-5-1942 (Date received local registrar) (b) Carly Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1942 hour 9 minute 20 P.M.
21. I hereby certify that I attended the deceased from 5-4-42 to 5-4-42 and that I last saw him alive on 5-4-42 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Meningitis
Due to
Due to
Other conditions
(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 O
23. Signature R. C. Lawson (M. D. or other) MD
Address Neosho Mo Date signed 5/5/42

1110 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-861
Date Filed JUN 12 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

Not Embalmed, 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.**

. S. No. 2B
7-8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18588

Registration District No. 609 Primary Registration District No. 4363 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William R. Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: m
5. Color or race: w
6. (a) Single, widowed, married, divorced: s
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May (Month) 4 (Day) 1942 (Year)
8. AGE: Years — Months — Days — If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1942 hour 11 minute M.
21. I hereby certify that I attended the deceased from May 4 1942, 19..., that I last saw him alive on May 4 1942, 19..., and that death occurred on the date and hour stated above.
Immediate cause of death: Unknown
Due to: sunk
Due to: Probably some internal disease
Other conditions (Include pregnancy within 3 months of death): Hodgkin's
Major findings:
Of operations:
Of autopsy: N/A

Duration: 8 hours

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

23. Signature: R.C. Lamson (M. D. or ~~other~~)
Address: Neosho Mo Date signed 7/11/42

SUPPLEMENTARY

This child was born dead. Left there was a sac. Cord was ruptured. Mother died 8 hours later. Autopsy showed Hodgkin's disease of the lymph glands. Cause of death was not connected with the childbirth.