S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

REC'D SEP 11 1942

State File No. 27392

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 326

1. PLACE OF DEATH:

(a) County Jasper 49
(b) City or town Joplin 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital 0 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 511 Moffet
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Everett Brown Jr

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 2 (Day) 1942 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name George E. Brown
13. Birthplace Morington (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Dorthy Davis
15. Birthplace East St. Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant George E. Brown
(b) Address 511 Moffet, Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 6 (Day) 42 (Year)
(c) Place: burial or cremation Fairview Cem.
18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin St. Joplin Mo.
19. (a) 8-7-42 (Date received local registrar) (b) Gertrude Seedhotter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1942 hour 1 minute 40 p M.
21. I hereby certify that I attended the deceased from 8-2-42, 19, to 8-4-42, 19 that I last saw him alive on 8-4-42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Birth injury due to Cord strangulation around neck 4 times causing now development of neck muscles atrophy could not breathe properly

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 160 c
Of autopsy

Duration

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 0
23. Signature R C Newbrook M.D. (M. D. or other)
Address 304 Frisco Bldg. Joplin Mo Date signed 8/6/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.8.719

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.