

FILED SEP 11 1942

Registration District No. 245

Primary Registration District No. 3077

Registrar's No. 103

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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: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)

In this community 8 DAYS

3. (a) PRINT FULL NAME ROY BROWN JR.

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

4. Sex MALE 2

5. Color or race COLORED

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

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased 8 10 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8 0 8 Days hr. min.

9. Birthplace NEOSHO MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER

12. Name ROY BROWN SR.

13. Birthplace NEOSHO MO
(City, town, or county) (State or foreign country)

14. Maiden name JEAN LOWRANCE

15. Birthplace SUPALPA OKLAH
(City, town, or county) (State or foreign country)

16. (a) Informant NONE

(b) Address NONE

17. (a) BURIAL (b) Date thereof 8-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL COLORED CEMETARY NEOSHO

18. (a) Signature of funeral director DISPOSED OF BY FAMILY

(b) Address

19. (a) 8-25-42 (b) Carly Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Neosho
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? Citizen No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1942 hour 11 minute ... M.

21. I hereby certify that I attended the deceased from Aug 10
1942 to Aug 17 19 42
that I last saw him alive on Aug 15 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to sypheilia

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?

(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.E. Maness (M. D. or other) M.D.

Address Neosho, Mo. Date signed 8-25-42

RECEIVED

District Health Officer No. 6

District File Number 942-1358

Date Filed SEP 10 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.