No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No.

Registrar's No. 18

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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, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
I533 East Florida St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Yrs (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. I533 East Florida St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Byron Brown.

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased September (Month) I7th (Day) I853 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 89	3	2I	hr. min.

9. Birthplace Fremont (City, town, or county) Indiana. (State or foreign country) /

10. Usual occupation Bridge worker, Frisco R.R.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs May Crandal
(b) Address I533 East Florida St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) I0 (Day) I943 (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 1-9-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th
year I943 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from Feb 15-42, 19__, to 1-8, 1943;
that I last saw him alive on 1-3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Cerebral hemorrhage arteriosclerosis

Due to gangrene of rt foot arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 hrs
years
6 mos

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?
none (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature W. T. Walsh (M. D. or other)
Address Springfield Mo Date signed 1/9/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1946

FEB 1 1943

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.