

S. No. 2  
4-1441  
7-51-39  
FD-203

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14285  
State File No. \_\_\_\_\_  
Registrar's No. 334

MAY 10 1943

128

Registration District No. \_\_\_\_\_

Primary Registration District No. 7100

1. PLACE OF DEATH:

(a) County Springfield GREENE  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(d) Length of stay: In hospital or institution 7 days  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk  
(c) City or town Fair Play  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1943 hour 1:00 minute 7 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him alive on 4/28  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis

Due to: Arteriosclerosis

Due to: \_\_\_\_\_

Other conditions: Diabetes Mel.

Major findings: \_\_\_\_\_  
Of operations: 61  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Guy D Callaway (M. D. or other) MD  
Address Springfield Mo. Date signed 4/28/43

3. (a) PRINT FULL NAME Charles Huntley Brown

3. (b) If veteran, name war World War #1 (c) Social Security No. None

4. Sex m 5. Color or race wht 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruby Brown 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Feb 26 1875

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace: Bear Creek, Cedar Co Mo

10. Usual occupation: M. D.

11. Industry or business \_\_\_\_\_

12. Name Richard B. Brown

13. Birthplace Clay Co Mo

14. Maiden name Julia Adeline James

15. Birthplace Fayetteville Ark

16. (a) Informant John R. Brown

17. (a) Removal (b) Date thereof 5-2-43

18. (a) Signature of funeral director Erwin Blue

19. (a) 4-30-43 (b) 5 W 3 Huddy

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

MOTHER FATHER

986

JUN 17 1948

OCT 29 1948

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**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.

X