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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

14287
330

State File No.

Registrar's No.

MAY 10 1948

128
418

5765

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield, Mo. Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rt. 10, Springfield, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield, (Rural) N. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No.: Rt. 10 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Samuel Jones Brown,

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Julia Virginia Brown,

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: Dec. 4th. 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>32</u>	hr. _____ min.

9. Birthplace: Niangua, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER

12. Name: E. J. Brown

13. Birthplace: Louisburg, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Sam. J. Brown,

(b) Address: Rt. 10, Springfield, Mo.

17. (a) Burial (b) Date thereof: Apr. 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Good Springs Cemetery

18. (a) Signature of funeral director: Dunn Funeral Home

(b) Address: 639 W. Walnut, Springfield, Mo.

19. (a) 4-27-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour One minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 23 to Jan 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Biliary Cirrhosis
Choleliths

Duration: 8 mos.

Due to: Unknown

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: 124 P

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? _____

23. Signature: Reuben Nuttall (M. D. or other) MD
Address: Springfield, Mo. Date signed: 4/27/48

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..... *J.W. Maples*

Licensed Embalmer No. *2985*

P. O. Address..... *Clear 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.