V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

(Dr. T. S. Bruton. Lio Woodruff)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 617

**1. PLACE OF DEATH:**

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
724 East Brower
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 724 East Brower 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

**3. (a) PRINT FULL NAME** Minnie Ann Brown

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

4. Sex F M
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Feb. (Month) 2, (Day) 1873 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 71 | 5 | 22 | hr. min. |

9. Birthplace Kokomo (City, town, or county) Ind. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Thomas W. Green
13. Birthplace Champaign County, Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ann Legg
15. Birthplace Champaign County, Ohio. (City, town, or county) (State or foreign country)
16. (a) Informant Jasper Brown
(b) Address 1061 Prospect, Springfield,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation East lawn
18. (a) Signature of funeral director W. L. DUNN
(b) Address Springfield, Mo.
19. (a) 7-26-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 24 th.
year 1944 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from Jan. 1, 1944, 19..., to July 24, 1944, 19...;
that I last saw her alive on July 23, 1944, 19...;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cholecystitis | 8 Months |
| Due to | |
| Due to | |
| Other conditions Jaundice 6 Months (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

127 bl

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
23. Signature T S Bruton (M. D. M.D.
Address Springfield, Mo. Date signed 7/25/44

787

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. D. McGahan

Licensed Embalmer No. 28-91

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.**