

S. No. 2
JM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. J. S. 23938
State File No. _____
Registrar's No. **563**

FILED AUG 13 1945

Registration District No. **28** Primary Registration District No. **546a**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Rural S. Campbell Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether)

In this community **40 years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Rural Springfield, S. Campbell Twp**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 7**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mrs. Martha Margaret Brown**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **Unknown**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **Jess Brown**

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

7. Birth date of deceased **September 27, 1873**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20,**
year **1945** hour **10:40** minute **A.** M.

21. I hereby certify that I attended the deceased from
7, 15, 45 19, to **7, 20, 45** 19;
er alive on **7, 18, 45** 19,
and that death occurred on the date and hour stated above.

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

71 **9** **23** hr. min.

Immediate cause of death **Myo-carditis** Duration **Few days**

Due to _____

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.

9. Birthplace **Unknown** **Unknown** **9**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
In Home

11. Industry or business _____

12. Name **Ely H. Guinn**

13. Birthplace **Unknown** **Virginia** /
(City, town, or county) (State or foreign country)

14. Maiden name **Cinderella Jameson**

15. Birthplace **Unknown** **Kentucky** /
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mrs. Fred Jones**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **July 21, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **7-21-45** (b) **Dr. W. H. Handley**
(Date received local registrar) (Registrar's signature)

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 **J. S. 23938** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **7, 21, 45**

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. A. Roof*

Licensed Embalmer No. *3048*

P. O. Address *Springfield 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.

X