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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14148

FILED APR 24 1946

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 59

88
6
3

13051

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 121 S 4th 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community Several months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Madison 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Robert Johnson Brownfield
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Noel Brownfield
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan (Month) 5 (Day) 1874 (Year)

8. AGE: Years 72 Months 1 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Monroe Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Soldier
11. Industry or business
FATHER
12. Name William Brownfield
13. Birthplace (City, town, or county) Pa (State or foreign country) 1
MOTHER
14. Maiden name Billie Wilson
15. Birthplace Dorch Knox (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Bertha Brownfield
(b) Address 121 S 4th St Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Hill
18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
(a) Mar 2-46 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 1 year 1946 hour 7 minute a M.
21. I hereby certify that I attended the deceased from Coroner, Case, 19__; that I last saw h__ alive on__, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural Undetermined.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 200	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature R H Williams (M. D. ~~or other~~)
Address Moberly Mo Date signed 3-2-46
Coroner, Randolph Co.

2109 (Licensed Embalmer's Statement on Reverse Side)

SEP 3 1946

RECEIVED
District Health Officer No. 10
District File Number 4-46-826
Date Filed APR 22 1946

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 Mrs Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison 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.