S. No. 2
M—2-43
v. 5-17-39
I X35697

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

18908

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20034

Registration District No. 124 Primary Registration District No. 5459 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Center Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield R.F.D. # 4 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 73 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Springfield R.F.D. # 4 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DUDLEY DUMAS BROWER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Effie Brower

6. (c) Age of husband or wife if alive Aprox 65 years

7. Birth date of deceased August (Month) 10, (Day) 1873 (Year)

8. AGE: Years 72 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Farming

FATHER
12. Name Jessie Brower 1
13. Birthplace Unknown (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Mary E. Glover
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Colman Brower
(b) Address Willard, Missouri R.F.D. # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Missouri

19. (a) June 6-1946 (Date received local registrar) (b) Jewell Williams (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1946 hour 10:00 AM minute M.

21. I hereby certify that I attended the deceased from no physician in attendance, 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 164	
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) Suicide

(b) Date of occurrence June 5, 1946

(c) Where did injury occur? (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)

While at work? no (e) Means of injury Creek

23. Signature Minnie C. Stone, Coroner (M. D. or other) 3

Address Springfield, Mo Date signed 6-7-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 46-1-79
Date Filed 1-3-46

OCT 3 1952

OCT 8 1952

DEC 9 1946

AUG 8

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.