

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:
 (a) County **GREENE**
 (b) City or town **Springfield**
 (c) Name of hospital or institution:
1211 Wabash (residence)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **App: 45 years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1211 Wabash**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME. FRANK ELIEZER BROWN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Julia A. Brown (dec)** 6. (c) Age of husband or wife _____
 7. Birth date of deceased **August 6, 1860**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 **1** **14** hr. min.

9. Birthplace Sangersville, Maine
 (City, town, or county) (State or foreign country)

10. Usual occupation retd farmer

11. Industry or business
MOTHER FATHER
 { **12. Name Frances Brown**
13. Birthplace ? Maine
 (City, town, or county) (State or foreign country)
14. Maiden name Tamar Oaks
15. Birthplace ? Maine
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Eliezer Brown
 (b) Address **1211 Wabash**

17. (a) Burial (b) Date thereof **9/23/1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MAPLE PARK CEMETERY**
ALMA LOHMEYER FUNERAL HOME
18. (a) Signature SPRINGFIELD, MISSOURI
 (b) Address _____

19. (a) 9-25-46 (b) **Handwritten Signature**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **20**
 year **1946** hour **9:30 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from
June 1, 1946 to **9-20-46**, 1946
 that I last saw him alive on **9-19-46**, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
 Duration _____

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

Major findings: **93E**
 Of operations _____
 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?

While at work _____ (Specify type of place)
 (e) Means of injury _____
23. Signature J. H. Smith (M. D. or other) **MD**
 Address **Springfield, Mo** Date signed **9-23-46**

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

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28833

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..... *L. A. Ruff*.....

Licensed Embalmer No..... *3042*.....

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