FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4493

Registrar's No. 148

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: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mo. 17 days (Specify whether years, months or days)
In this community since hospitalization

2. USUAL RESIDENCE OF DECEASED:
(a) State: Louisiana (b) County: 999
(c) City or town: New Orleans (If outside city or town limits, write "RURAL") 0
(d) Street No.: 817 Girod St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Charles BROWN
3. (b) If veteran, name war: One
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 2 (Month) 14 (Day) 1891 (Year)
8. AGE: Years 57 Months 0 Days 1 If less than one day hr. min.
9. Birthplace: Corydon, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
FATHER
12. Name: James J. Street
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Cash
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: O'Reilly VAH, Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Sonny Schaff
(b) Address: Springfield, Mo.
19. (a) 2-14-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 10 minute 15 PM M.
21. I hereby certify that I attended the deceased from 3-28-47, 19..., to 2-14-48, 19...; that I last saw him alive on 2-14-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced pulmonary tuberculosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 3B	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Means of injury: 0
23. Signature: PAUL L. EISELE (M. D. or other) XXX
Address: VAH, Springfield, Mo. Date signed:

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Lewis G Scharff

Licensed Embalmer No. 3802

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.