

S. No. 2
M-1/47
v. 5-17-39

49
2
Dr. J. W. Pearce

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

National Office of Vital Statistics
FILED APR 5 1948

Registration District No. 256

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. James Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Cherokee

(c) City or town: Columbus
(If outside city or town limits, write "RURAL")

(d) Street No.: 120 S. Idaho
(If rural, give location)

(e) Citizen of foreign country? No
If yes, name country: _____

3. (a) PRINT FULL NAME: William Keith Brown

(b) If veteran, name war: _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 23rd
year: 1948 hour: 4:00 minute: 7 M.

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: NOVEMBER 6 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 19 1948 to February 23 1948
that I last saw him alive on February 23 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>17</u>		hr. _____ min. _____

Immediate cause of death: anoxemia (anoxemia)

Duration: 5 days

9. Birthplace: Columbus, Kansas
(City, town, or county) (State or foreign country)

Due to: pneumonitis & thick mucous plugs in trachea & bronchi

Due to: _____

10. Usual occupation: _____

Other conditions: Extensive eczema
(Include pregnancy within 3 months of death)

11. Industry or business: Infant

12. Name: John H. Brown

13. Birthplace: Big Cabin, Okla.
(City, town, or county) (State or foreign country)

14. Maiden name: Mykelina Campbell

15. Birthplace: Big Cabin, Okla.
(City, town, or county) (State or foreign country)

Major findings: tracheal obstruction - tracheotomy

Of operations: 1/14/48

Of autopsy: _____

PHYSICIAN: _____
Underline the cause of which death should be charged statistically.

16. (a) Informant: John H. Brown

(b) Address: Columbus, Okla, Kansas

17. (a) Removal (b) Date thereof: 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Funeral Home

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: 0

18. (a) Signature of funeral director: Therphiel - Dillon

(b) Address: Joplin, Mo.

19. (a) 2-26-48 (b) Dolores Thompson
(Date received local registrar) (Registrar's signature)

23. Signature: W. J. Pearce M.D. or other: _____
Address: Joplin, Mo. Date signed: 2-25-48

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 _____

Licensed Embalmer No. 3566

P. O. Address Japan 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.