

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **22801**
Registrar's No. **635**

FILED AUG 2 1948

Registration District No. **28**Primary Registration District No. **2000**

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:
1724 Washington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **75 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Annbell Brown**3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married** /6. (b) Name of husband or wife **Dan Brown** 6. (c) Age of husband or wife if alive **7** years7. Birth date of deceased **August 27, 1878**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 **11** **2** .hr. min.9. Birthplace **Greene County Mo.** /
(City, town, or county) (State or foreign country)10. Usual occupation **House Wife**11. Industry or business **At Home**12. Name **George McCroskey**13. Birthplace **Tenn.** /
(City, town, or county) (State or foreign country)14. Maiden name **Mahala Sloan**15. Birthplace **Christian Co. Mo.** /
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Mary S. Pitt**(b) Address **Springfield Mo.**17. (a) **Burial** (b) Date thereof **8-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Robberson Prairie Cem.**18. (a) Signature of funeral director **J. H. Selsby & Co.**(b) Address **Springfield Mo.**19. (a) **7-31-48** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene** **39**

(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **1724 Washington** **6**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**
year **1948** hour **9** minute **40 P.** M.21. I hereby certify that I attended the deceased from **May 1**
48 to **July 29** 19**48**
that I last saw **her** alive on **July 29** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute heart failure **2 days**Due to **Carcinoma of colon unknown**

Due to

Other conditions **none**
(Include pregnancy within 3 months of death)Major findings: **none** **46 E**

Of operations

Of autopsy **none**

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 **John H. Selsby** (M. D. or other) **M.D.**Address **Springfield, Mo.** Date signed **7-30-48**

MOTHER FATHER

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..... *Ogle Stone Jr.*.....

Licensed Embalmer No..... *4176*.....

P. O. Address..... *Springfield*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.