No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33253

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

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: Freeman Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 311 N. Oak St. (If rural, give location) 5

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

If yes, name country

3. (a) PRINT FULL NAME John Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 21 (Day) 1948 (Year)

8. AGE: Years Months Days If less than one day 4 hr. 30 min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wallace Brown
13. Birthplace Detroit, Michigan (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Edna Little
15. Birthplace Joplin, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Wallace Brown

(b) Address 311 N. Oak

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St-Joplin, Mo.

19. (a) 11-5-48 (Date received local registrar) (b) Ed James (Registrar's signature) 138-1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1948 hour 10:00 minute p. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on 10-21 , 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure — Duration 4 hrs

Due to Prematurity

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 159
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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature E. H. Hamilton (M. D. or other) M.D.

Address Joplin Mo. Date signed 10-26-48

(Licensed Embalmer's Statement on Reverse Side)

48-11-911

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. Steve Parker

Licensed Embalmer No. 2548

P. O. Address. Joplin 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.