

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 6/2/43

Registration District No. \_\_\_\_\_

Primary Registration District No. 5465

Registrar's No. 114

1. PLACE OF DEATH: **GREENE**  
(a) County. **GREENE**  
(b) City or town. **Springfield, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **County Hospital N. Campbell**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **1 Month**  
(Specify whether years, months or days)  
In this community. **Life time**

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

3. (a) PRINT A. Tannis Brown  
FULL NAME  
(b) If veteran, name war **Unknown** (c) Social Security No. **Unknown**  
4. Sex. **Male** 5. Color or race **W.**  
6. (a) Single, widowed, married. **2 divorced. Widowed**  
(b) Name of husband or wife. **Unknown** (c) Age of husband or wife if alive **Dec** years  
7. Birth date of deceased. **Sept. 25 1864**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **11**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Fair Grove** **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **John Brown**

13. Birthplace **Unknown** **Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **I. B. Brown**

(b) Address **Fair Grove, Missouri**

17. (a) **Burial** (b) Date thereof. **2-8-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Comfort**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **Springfield, Mo.**

19. (a) **2-8-43** (b) **W. H. Handley**  
(Date received local registrar) (Registrar's signature)

(c) **2-8-43** (d) **2-8-43**  
(Date received local registrar) (Date signed)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **6**  
year **1943** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 3 1943** to **Feb 6 1943**  
that I last saw him alive on **Feb 6 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **97**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **James R. Ames** (M. D. or other) \_\_\_\_\_

Address **Springfield, Mo.** Date signed **2-8-43**

2042

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 *Frank Grable Jr.*

Licensed Embalmer No. *4140*

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.