

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39163

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 844
(c) City SPRINGFIELD (d) Street No. 1459 So. Maryland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Ida E. Brown.

(a) Residence, No. 1459 So. Maryland. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn13. NAME Lonnus Erb14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Annie Collins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio17. INFORMANT (ADDRESS) Phil Erb Hotchkiss, Colorado18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis, Tenn. DATE Nov 11, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H. Lohmeyer Springfield, Missouri20. FILED Nov 10, 1938 Chas. Williams, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1938 to Nov 10, 1938
I last saw her alive on Nov 10, 1938 Death is said to have occurred on the date stated above, at 4:30 PM
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset Oct 26, 1938

Other contributory causes of importance: aged

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) J. S. Bruton, M. D.

(Address) Springfield, Mo.

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 Walter E. Hamel

Licensed Embalmer No. 3508

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, above space should be left blank.