No. 2
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17-39
X21492

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

FILED AUG 9 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25185

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 575

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: 1533 E. Florida (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 56 yrs

3. (a) PRINT FULL NAME EMMA M. BROWN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Byron Brown

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 2 (Day) 1877 (Year)

8. AGE: Years 63 Months 2 Days 8 If less than one day ___ hr. ___ min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name John Wesley Black

13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER 14. Maiden name Martha Jane Scrggins

15. Birthplace Morrisville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Byron Brown

(b) Address 1533 E Florida St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred G. Freeze

(b) Address 1100 Boonville Ave Springfield

19. (a) July 12, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1533 E. Florida (If rural, give location)

(e) If foreign born, how long in U. S. A.? ___ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1940 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 1, 1940, to July 10, 1940; that I last saw her alive on July 8, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Obstruction (Mechanical)	
General Toxemia	
Due to: Carcinoma of Colon primary	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations None

Of autopsy No

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)

While at work? (e) Means of injury

23. Signature J. Newton Wallemon (M. D. or other)

Address Springfield, Mo Date signed 7-12-40

(Licensed Embalmer's Statement on Reverse Side)

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. 3681

P. O. Address Sp. Mo.

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

If this body is not embalmed, above space should be left blank.