

Registration District No. 318

Primary Registration District No. 2001

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:
617 W. Madison 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME George H. Brown 65D

3. (b) If veteran, name war no 8. (c) Social Security No. 491-03-8200

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

6. (b) Name of husband or wife Blanche Brown 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept. 1 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Denton Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Ice Cream Maker

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Brown

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

14. Maiden name Mary Schultz

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

16. (a) Informant Mrs. Blanche Brown

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Aug. 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) Aug. 18, 1940 (b) W.E. Haudley M.D.
(Date received local registrar) (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. 617 W. Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1940 hour 7 minute 15 a. m.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him in dead alive on Aug 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound through head

Due to Suicide

Due to _____

Other conditions (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) Suicide

(b) Date of occurrence 8/17/40

(c) Where did injury occur? Springfield Greene Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home (on farm, in industrial place, in public place?) Home

While at work? _____ (Specify type of place) _____

(e) Means of injury Revolver wound through head

Signature W.E. Haudley (M. D. or other) 5

Address Crosses Greene County Date signed 8/17/40

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

9
0
0
0

24

PHYSICIAN

Underline the cause to which death should be charged statistically.

PP/053

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.....

P. O. Address.....

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.

X