

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE Springfield
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hosp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limit, write "RURAL")
(d) Street No. R.F.D. # 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1940 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept 24, 1940
to Oct 1, 1940
that I last saw her alive on Sept 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 wk.
Due to Arterio-sclerosis yrs.

Other conditions 44%
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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) _____ (e) Means of injury _____
23. Signature Ray D. Callaway M. D. or other M.D.
Address Springfield Date signed _____

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

8. (a) PRINT FULL NAME IDA E. BROWN

8. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec 1861 years

7. Birth date of deceased March 26 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 5 If less than one day _____ min.

9. Birthplace Unknown Pa
(City, town, or county) (State or foreign country)

10. Usual occupation In her home

11. Industry or business _____

12. Name David Brown

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

14. Maiden name Elizabeth

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

16. (a) Informant Brown

(b) Address Inglewood Calif

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

(c) Place: burial or cremation Brookline Mo.

18. (a) Signature of funeral director J. W. King

(b) Address Springfield Mo.

19. (a) Oct. 3, 1940 (b) D. W. E. Handley
(Date received local registrar) (Registrar's signature)

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.

Signature

William J. Taylor

Licensed Embalmer No.

4075

P. O. Address

Springfield

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