

No. 2  
4-13-40  
4-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42574**  
**1050**  
Registrar's No.

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: **743 W. TURNER.**  
(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**

3. (a) PRINT FULLNAME **HIRAM D. BROWN.**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Minnie L. Brown** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **Aug. 13. 1867.**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **18** If less than one day hr. min.

9. Birthplace **Washington Co., Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Snow P.P. Employee**

11. Industry or business **Rail Road Work.**

12. Name **James E. Brown**

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

14. Maiden name **Rebecca Nelson**

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

16. (a) Informant **Minnie L. Brown**

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

17. (a) **Burial** (b) Date thereof **Jan 2-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Mo.**

18. (a) Signature of funeral director **W. E. Handley**

(b) Address **Springfield, Mo.**  
19. (a) **1-2-41** (b) **W. E. Handley M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **743 West Turner**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31** at  
year **1940** hour **9** minute **10** A. M.  
21. I hereby certify that I attended the deceased from **12/30** to **12/31**, 19**40**  
that I last saw him alive on **12/30**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cor Myo cardiac** Duration **6 year**

Due to **HTA**  
Due to

Other conditions **Arterio-Sclerosis**  
(Include pregnancy within months of death) **Arterio Hypertension**

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? \_\_\_\_\_

9104  
While at work? **May 1941** (Specify type of place) (Means of injury)  
Signature **W. E. Handley** (M. D. or other)  
Address **Springfield Mo.** Date signed **1/1/41**

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

9  
3  
2

JAN 5 1949

**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 Warren D. Noblett  
Licensed Embalmer No. 4005  
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.

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