

Registration District No. 44

Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Mo.  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community Since a Young Man (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME George W. Brown

3. (b) If veteran, name war none 3. (c) Social Security No. 495-01-7081

4. Sex Male 5. Color or race White 6. (a) Single (b) Widow (c) Married (d) Divorced

6. (b) Name of husband or wife Sena Brown (Alexander) 6. (c) Age of husband or wife if alive June 1st, 1886. years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Kingman Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Labor Richmond Elevator

11. Industry or business Elevator and Grain Growers

12. Name Charles W. Brown

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

14. Maiden name Sarah Brown Kosen

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

16. (a) Informant Carl A. Brown

(b) Address 727 15th Ave SE Minneapolis, Minn

17. (a) Burial (b) Date thereof Dec 30-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo. Cemetery

18. (a) Signature of funeral director J. Brothers (b) Address Richmond Mo.

19. (a) Dec 31-40 (b) M. J. Jackson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 113 Benton Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28<sup>th</sup> year 1940 hour 8:15 minute PM M.

21. I hereby certify that I attended the deceased from Coxsack, Mo to Coxe, 19...; that I last saw h... alive on... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Severe trauma of cervical spinal cord skull fracture  
Due to impact with motor car  
Due to accident

Other conditions Fracture both legs. (Include pregnancy within 3 months of death)

Major findings: Of operations Spinal cord severed, skull fractured, fracture both legs  
Of autopsy Spinal cord severed, skull fractured, fracture both legs

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-28-40

(c) Where did injury occur? Richmond Ray Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #13, 1/2 mile S. of Richmond Mo (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature A. W. Griffith (M. D. or other) F. J. D.  
Address Richmond, Mo Date signed 12-29-40

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

210m  
9.5

RECEIVED  
District Health Officer No. 8,  
Police File Number  
1-6-41

**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.....

**J.B. Brothers**

....., Registered Apprentice No. ....

working under my personal supervision.

**Brothers Funeral Home**

Signed *J.B. Brothers*

Licensed Embalmer No. **2001**

P. O. Address **Richmond 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43649  
Registrar Highway

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 1744

Primary Registration District No. 30357

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

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not a  
In this community was (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo  
(b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. Walking on highway  
(If rural, give location)  
(e) foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Geo. W. Brown

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced Div  
6. (b) Name of husband or wife  
6. (c) Age of husband, or wife, if alive, year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 7 37 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 28 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Reverence of care - skull fracture  
Due to Impact with motor car  
Due to accident

Other conditions Fract both legs  
(Include pregnancy within 3 months of death)

Major findings: Of operations 210 21  
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) acc  
(b) Date of occurrence 12-28-1940  
(c) Where did injury occur? Richmond Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? High #13 (State maintained) (Specify type of place)  
While at work? no (e) Means of injury struck by car  
23. Signature H.M. Smith (M. D. or other) M.D.  
Address Richmond Mo Date signed

SUPPLEMENTARY

