

No. 2
1-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

6645

FILED MAR 13 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 131

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: 1509 E. BLAINE
(If outside city or town limits, write "RURAL" and name of township)

(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 39

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

(d) Street No. 1509 E. BLAINE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO. years.

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

3. (b) If veteran, name war NONE

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 years

7. Birth date of deceased: June 17 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business In home

12. Name Mrs. F. Stokes

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

14. Maiden name Unknown

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

16. (a) Informant George Stokes

(b) Address Rt #1 Springfield, Mo.

17. (a) Quial (b) Date thereof Feb 18 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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

(b) Address Springfield, Mo.

19. (a) 2-17-42 (b) J. W. Hines
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1942 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Feb 10 1942 to Feb 15 1942
that I last saw him alive on Feb 15 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & Septic

Due to _____

Due to _____

Other conditions ✓
(include pregnancy within 3 months of death) 107

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William H. Beattie (M. D. or other) D

Address 30 West 1st St Date signed 2/16/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

984

(Licensed Embalmer's Statement on Reverse Side) Springfield Mo.

MAR 19 1942

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.....

Rollins Knott

Licensed Embalmer No. *3685*

P. O. Address.....

432 1/2 Lam 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, fact should be so stated above.