

S. No. 2
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5-17-39
1 X 2 1/2

14286

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 28 1943 128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 289

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

1. PLACE OF DEATH: GREENE
 (a) County: Greene
 (b) City or town: Springfield
 (c) Name of hospital or institution: 1012 E. Elm
 (d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Greene 39
 (c) City or town: Springfield 6
 (d) Street No.: 1012 E. Elm
 (e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME: Frank T. Brown

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

4. Sex: m 5. Color or race: white 6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown 6. (c) Age of husband or wife if alive: Deceased

7. Birth date of deceased: Oct 8 1885

8. AGE:	Years	Months	Days	If less than one day
	58	6	2	hr. min.

9. Birthplace: Unknown Mo

10. Usual occupation: Retired

11. Industry or business: none

12. Name: Thomas Brown 13. Birthplace: London, England

14. Maiden name: Margherita Tutzman 15. Birthplace: Goshen, Ind

16. (a) Informant: C. J. Trabley

(b) Address: 1012 E. Elm

17. (a) (b) Date thereof: 4-11-1943

(c) Place: burial or cremation: Maper Home

18. (a) Signature of funeral director: W. J. Denny (b) Address: 629 W. Walnut

19. (a) 4-18-43 (b) W. J. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10 year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Unattended by physician and that death occurred on the date and hour stated above.

Immediate cause of death: Probably coronary heart disease

Due to.....

Due to.....

Other conditions: (Include pregnancy within 3 months of death) 9/4a

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

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature: W. J. Handley Health Officer (M. D. or other) Address: Springfield Mo Date signed: 4/13

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.....

J. W. Maples

Licensed Embalmer No. *2985*

P. O. Address: *Oliver 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.