

FILED JAN 11 1944
Registration District No. 128

Primary Registration District No. 2000

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

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:
2342 N. Lyon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 2342 N. Lyon
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Edmond Brown

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1943 hour 6:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from July 1941, to Dec 31 - 1943
that I last saw him alive on Dec 31 - 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie E. Brown

6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased: August 12, 1872
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Cardio-vascular - Renal disease

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

71 4 19 hr. _____ min. _____

Major findings: _____

Of operations _____

Of autopsy _____

13/A

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

10. Usual occupation Retired

11. Industry or business Erecting Engineer

12. Name James K. Brown

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

14. Maiden name Elizabeth Phillips

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie Brown

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-3-44 (b) A. W. Handley
(Date received local registrar) (Registrar's signature)

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)

While at work _____ (c) Means of injury _____

23. Signature D. F. Youell (M. D. or other) P.O.
Address 2342 N. Commercial Date signed 1/3/44
Springfield, Mo.

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..... *Lewis G. Scherpf*.....

Licensed Embalmer No. *3802*.....

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.