S. No. 2
M—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1946

State File No. 3472

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural ¼ mile east of Racine Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. Benson
DOA- ASF Reg Sta Hosp Cp Crowder, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on arrival (Specify whether
In this community Transient
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County 999
(c) City or town Princeton 28
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 1 Griggstown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME ROBERT CYRIL BROWN
3. (b) If veteran, name war World War II
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 30 (Day) 1927 (Year)

8. AGE: Years 18 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Brooklyn (City, town, or county) New York (State or foreign country)
10. Usual occupation Soldier ASN 12,108,497
11. Industry or business U.S. Army Air Corps Squadron Q Sheppard Field Texas
FATHER
12. Name Douglas Brown
13. Birthplace Unknown (City, town, or county) Newfoundland (State or foreign country) 2
MOTHER
14. Maiden name Marian Tucker
15. Birthplace Unknown (City, town, or county) Newfoundland (State or foreign country) 2
16. (a) Informant U. S. Army records
(b) Address Camp Crowder, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan 7, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Beverly, New Jersey
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) Jan. 5, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1946 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from Dead on arrival, 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 1) Lacerations & contusions of brain
2) Hemorrhage, subdural and ~~Due to~~ subarachnoidal
Due to Fracture of skull, multiple
Other conditions Fracture of both legs
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy As above

Duration

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) Accident 73
(b) Date of occurrence 5 January 1946
(c) Where did injury occur? Racine (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rural- ¼ mile east of Racine Mo (Specify type of place)
While at work? No (e) Means of injury Airplane ground
23. Signature [signature] (M. D. or other) [signature]
Address Camp Crowder, Mo Date signed 5 Jan 46

223

(Licensed Embalmer's Statement on Reverse Side)

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

1669

RECEIVED

District Health Officer No.

District File Number 146-1

Date Filed 1-22-46

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 Frank W. Knell Jr, Registered Apprentice No. 379, working under my personal supervision.

Signed Emm. C. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.