

FILED APR 18 1946

Registration District No. 126

Primary Registration District No. 5462

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural 1st Franklin Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pleasant Hope R.F.D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Pleasant Hope R.F.D. #1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SHARON HARRIETT 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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: June 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Quentin Brown
13. Birthplace Enid, Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Waisch
15. Birthplace St. Louis, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Quentin Brown
(b) Address Pleasant Hope, MO: R.F.D. #1
17. (a) Burial (b) Date thereof March 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Fred G. Thieme
(b) Address Springfield, Missouri

19. (a) Mar. 10, 1946 Mrs. Porter O'Neil
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1946 hour 9:30PM minute _____ M.

21. I hereby certify that I attended the deceased from no physician's attendance 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental burns

Due to House burning

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident 39
(b) Date of occurrence March 9, 1946
(c) Where did injury occur? Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the home, Farm House
While at work? No (Specify type of place) (e) Means of injury Fire

23. Signature Murray C. Stone, Coroner (M. D. or other) 3
Address Springfield, Mo. Date signed 3-11-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Greene County Health Office,

County File Number 74-9-46

Date Filed 4-16-46

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.....

Was not embalmed

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

working under my personal supervision.

Signed *Ralph V. Lieme*

Licensed Embalmer No..... 3681

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.