

FILED OCT 6 1947

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No.

808

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 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. 827 McCann
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Matilda 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased September 19, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 23 hr. _____ min.

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

10. Usual occupation In Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Bruce Brown

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

14. Maiden name Mary Reid

15. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Ben Brown

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof 9/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry, Missouri

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-15-47 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12,
year 1947 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from 9/11/47
to 9/12/47, 19____, and that death occurred on the date and hour stated above.
that I last saw her alive on 9/12/47, 19____.

Immediate cause of death: Lobar pneumonia (terminal) Duration 3 da.

Due to _____

Due to _____

Other conditions: Fractured femur 1 mo.
(Include pregnancy within 3 months of death) Senility

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Fractured femur

(b) Date of occurrence 8/12/47 13.3

(c) Where did injury occur? Home Springfield, Mo.
(City or town) (County)

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

(Specify type of place) While at work? No (e) Means of injury Fall

23. Signature W. E. Handley, Jr. (M. D. or other) M. D.

Address Springfield, Mo. Date signed 9/15/47

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

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JAN 9 1949

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 L. A. Gorman

Licensed Embalmer No. 3177

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.