

FILED NOV 10 1947

Registration District No. **290**

Primary Registration District No. **4427**

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

**1. PLACE OF DEATH:**

(a) County **Pulaski**

(b) City or town **Waynesville, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Waynesville General Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Phelps**

(c) City or town **Rolla, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Lizzy Brown**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **wh.** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June - 13 - 1933**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **11 - 2 - 47**  
year \_\_\_\_\_ hour **4:00** minute **17**

21. I hereby certify that I attended the deceased from **10-31-47** to **11-2-1947**  
that I last saw him alive on **11-1**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of skull**  
Duration **2 da.**

**8. AGE:**

Years	Months	Days	If less than one day
<b>14</b>	<b>4</b>	<b>19</b>	_____ hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace **Rolla, Mo.**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Child**

11. Industry or business \_\_\_\_\_

**MOTHER**

12. Name **Brown Lucy**

13. Birthplace **Yancy Mills, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sissy Bradley**

15. Birthplace **Phelps County, Mo.**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Brown James**

(b) Address **Rolla, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 5 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Rolla Tenn.**

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

(a) Accident, suicide, or homicide (specify) **Fell from truck to pavement**

(b) Date of occurrence **10-31-47**

(c) Where did injury occur? **Rolla Phelps Mo.**  
(City or town) (County) (State)

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

18. (a) Signature of funeral director **Wells Swas**

(b) Address **Rolla, Mo.**

19. (a) **Nov. 6, 1947** (Date received local registrar) (b) **Thelma C. Buchthayer** (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury **Fell from truck**

23. Signature **E. E. Feild, M.D.** (M. D. or other)

Address **Rolla** Date signed **11-3-47**

**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.....

*Paul E. V. [unclear]*....., Registered Apprentice No. *428*  
working under my personal supervision.

Signed..... *S. L. [unclear]*

Licensed Embalmer No. *3394*

P. O. Address..... *[unclear]*

**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.**