

STANDARD CERTIFICATE OF DEATH

5466 State File No. 875  
2000 Registrar's No. 96-A

FILED FEB 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>96-A</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington, D.C.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, S.Cpb. Twp.</u>		c. LENGTH OF STAY (In this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, D. C.</u>		<u>8080</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>				d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>					
3. NAME OF DECEASED (Type or Print) <u>Elijah</u>			a. (First)		b. (Middle) <u>Brown</u>		c. (Last)		
4. DATE OF DEATH <u>Jan. 31, 1952</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 29, 1900</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Lola (?) Brown</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Johnson Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>File-MCFP, Springfield, Missouri</u> ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>				DUE TO (b) <u>Pulmonary tuberculosis, bilateral, far advanced.</u>				5 yrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Otitis Media, suppurative chronic</u>									
19a. DATE OF OPERATION <u>XXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>002x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXX XXX XXX</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXX XX XX XXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXX</u>					
22. I hereby certify that I attended the deceased from <u>Jan. 17, 1949</u> , to <u>Jan. 31, 1952</u> , that I last saw the deceased alive on <u>Jan. 31, 1952</u> , and that death occurred at <u>10:50 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. C. Rinck, M.D., Clinical Director</u> (Degree or title)				23b. ADDRESS <u>Medical Center for Fed. Prisoners, Springfield, Missouri</u>		23c. DATE SIGNED <u>2-1-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/2/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>Burgaw, North Carolina</u>			
DATE REC'D BY LOCAL REG. <u>2-4-52</u>		REGISTRAR'S SIGNATURE <u>James R. Thomas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>468</u> ADDRESS <u>Wayre-Goodwin Fun'l Service, Spgfld, Mo.,</u>					

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

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Julian Goodwin*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield Me

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.