MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11579
Do not use this space.

1. PLACE OF DEATH
(a) County Linn — Registration District No. 497
(b) Township — Primary Registration District No. 4300 — Registered No. 5
(c) City Browning — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 615 Emma, Ludena, Marvin 2
(a) Residence, No. 0 St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jas, Edward Marvin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 14th, 1866
7. AGE: YEARS 74 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housekeeping
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Browning Missouri 0

FATHER
13. NAME: Hiram Havens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky,

MOTHER
15. MAIDEN NAME: Robecca McCewen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Jas, Edw, Marvin Browning, MO,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Knifong Cemetery DATE Mar, 23rd, 1940
19. FUNERAL DIRECTOR (ADDRESS): A J, River Browning, MO.
20. FILED Mar. 30 1940 Mrs. Lila Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March, 20th, 1940
22. I HEREBY CERTIFY, That I attended deceased from May, 1938, to March 20, 1940
I last saw her alive on March 20, 1940 Death is said to have occurred on the date stated above, at 9-30 mP M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	3/7/40
94 N	
Other contributory causes of importance:	
Chronic Myocarditis	1930
Hypertension	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) T. R. McArter, M. D.
(Address) Browning Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 11,
District File Number 440-486
Date Filed APR 10 1948

STATEMENT BY LICENSED EMBALMER

I, A J. River, Licensed Embalmer No. 1407

hereby certify that the body recorded on the reverse side of this certificate was embalmed by A J. River

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed A J River

Licensed Embalmer No. 1407

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.)