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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41730

State File No.

RED JAN 6 1941

Registration District No. 29 Primary Registration District No. 4621 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Barry 2

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

(c) Name of hospital or institution: Barry Co., County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether

In this community 25years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County Barry

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

(d) ~~Street No.~~ At County Home (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years

3. (a) PRINT FULL NAME Joe Browning

3. (b) If veteran, name war None

3. (c) Social Security No. ----

4. Sex Male

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 alive ---- years

7. Birth date of deceased ---- (Month) --- (Day) 1870 (Year)

8. AGE: Years 70 Months -- Days -- If less than one day -- hr. -- min.

9. Birthplace ------ (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Gardner @ Co. Farm

11. Industry or business At. Farm 1

FATHER
12. Name Leoi Browning 0
13. Birthplace ------ (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Nancy Carr
15. Birthplace ------ (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Wm. Brunner

(b) Address Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Spring River Cem. Verona, Mo.

18. (a) Signature of funeral director Horine-Culver 30

(b) Address Cassville, Mo.

19. (a) ..... (Date received local registrar) (b) Leon Newman, M.D. (Registrar's signature) L.J.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th. year 1940 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from June 20th, 1940, to Aug 30th, 1940; that I last saw him alive on Aug 30th, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 wks.
Due to: Chronic Nephritis	unk.
Due to:	
Other conditions (Include pregnancy within 3 months of death) 121	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leon Newman (M. D. ~~or other~~)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. C. Canada, Registered Apprentice No. 225 working under my personal supervision.

Signed H. C. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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, above space should be left blank.