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

FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16110

Registration District No. 862 Primary Registration District No. 6135 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Texas

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

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

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Rural (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Burgess Franklin Browne

3. (b) If veteran, name war

3. (c) Social Security No. 486-24-2387

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 March (Month) 4 (Day) 1884 (Year)

8. AGE: Years 57 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Issac N Browne
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Wilson
15. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)

16. (a) Informant H. C. Browne
(b) Address Cabool R #1 Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pine Flat

18. (a) Signature of funeral director G. V. Elliott
(b) Address Cabool Mo.

19. (a) April 3 (Date received local registrar) (b) Mrs Clair Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death by being struck by an automobile driven by Dick Bryant.

Due to Accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence April 3, 1941
(c) Where did injury occur? April 3, 1941 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public highway (Specify type of place)
While at work? Yes (e) Means of injury

23. Signature W. W. Durrell J. P. (M. D. or other)
Address Acting Coroner. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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98

RECEIVED
District Health Officer No. 5
District File Number 5 41/6/6
Date Filed

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 Gaylord V Elliott

Licensed Embalmer No. 9252

P. O. Address Cabool Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
4-25-41
X27852

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

State File No. 16110

Registration District No. 862

Primary Registration District No. 6135

Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH
(a) County Texas
(b) City or town Burdine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Burgess Franklin Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, married, widowed, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 57 Months 0 Days 29 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) April 3 (Date received local registrar) (b) Mrs. Lora Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 3
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death By being struck by an automobile driven by Dick Bryant Duration
Due to accident
Due to
Other conditions (Include pregnancy within 3 months of death)
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) Accident
(b) Date of occurrence April 3, 1941
(c) Where did injury occur? Cabool, (City or town) Texas, (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On #63 Highway 1 mile NE of Cabool, Mo. (Specify type of place)
While at work? Yes (e) Means of injury Struck by car
23. Signature W. W. Durnell (M.D. or other) Justice of Peace, Acting Coroner.
Address Cabool, Mo. Date signed