V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5768

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 20

**1. PLACE OF DEATH:**

1 (a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AUDRAIN HOSPITAL
2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARA M. BROWNING
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dn. (Month) Dn. (Day) Dn. (Year)
8. AGE: Years about 95 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace Monroe Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired house wife
11. Industry or business
FATHER
12. Name Jas. O. Dowell
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Lucy Lee Moorehead
15. Birthplace (City, town, or county) Va. (State or foreign country)
16. (a) Informant Mrs. Jas. Mundy
(b) Address W. Monroe St, Mexico Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Long Branch Church
18. (a) Signature of funeral director McPheeters Bros
(b) Address Mexico Mo.
19. (a) Feb. 3-1942 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 1st year 1942 hour 6:00 minute 35 p M.
21. I hereby certify that I attended the deceased from Feb 1 - 1942, 19 to Feb 1, 1942 that I last saw her alive on Feb 1, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | |
| Chronic Myocarditis | |
| Due to Hypertension | |
| Due to General arteriosclerosis | |
| Other conditions Cardiac Valvular disease (Include pregnancy within 3 months of death) | |

Major findings: Of operations none 93 J
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) no
(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 S C Brashear (M. D. or other) M D
Address Mexico Mo Date signed 2/1/42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-380
Date Filed MAR 1 1 1942

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 Roy A. J. McPherson

Licensed Embalmer No. 1133,

P. O. Address Maynard Mass.

**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.**