

S. No. 2
M-9-4-41
v. 5-17-39
P-I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40485**

FILED JAN 13 1943
Registration District No. **2**

Primary Registration District No. **5289**

Registrar's No. **110**

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

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Sinden mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Dr. W. J. Jurg**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

In this community **38 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**

(c) City or town **Sinden mo.**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LOUIS W. BROWNING**

3. (b) If veteran, name war **-**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21-42** year **1942** hour **12:45** minute **P.** M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____ that I last saw him/her alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex **male** race **white**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 4 1858**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**

Due to **Coronary**

Due to **Coronary**

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
84	5	17	hr. min.

Major findings: Of operations **Coronary**

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace **Ataska Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Thomas Jefferson Browning**

13. Birthplace **Baltimore Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Dora Knowl**

15. Birthplace **Dora Knowl Ohio**
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) **Coronary Occlusion**

(b) Date of occurrence **Dec. 21 1942**

(c) Where did injury occur? **Sinden mo.**
(City or town) (County) (State)

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

While at work? **-** (e) Means of injury **Coronary**

23. Signature **W. Prather** (M. D. or other) **3**
Address **Excelsior Springs, Mo.** Date signed **12-22-42**

16. (a) Informant **Clyde Chester Browning**

(b) Address **Sinden mo.**

17. (a) **Burial** (b) Date thereof **12/24/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Liberty mo.**

18. (a) **John S. Mortar Funeral Home**
Address **North Kansas City mo.**

19. (a) **Dec 23 1942** (b) **W. H. Henry**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-12-43

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 Alexander E. Hodges

Licensed Embalmer No. 25729

P. O. Address: North Kansas City 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, fact should be so stated above.