

FILED JAN - 6 1943

State File No.

Registration District No. 132

Primary Registration District No. 5481

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Laredo - Rural - Wilson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 73 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Laredo - Rural
(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 0

3. (a) PRINT FULL NAME MARCHA ELLEN BROWNING

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Charles L Browning 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased March 17 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Russell Co Va (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Pridemore
13. Birthplace Va (City, town, or county) (State or foreign country)
14. Maiden name La Vica Lark
15. Birthplace Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie C Hayes

(b) Address 3108 E 52nd St KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive - Cemetery

18. (a) Signature of funeral director V. J. Robertson

(b) Address Laredo, Mo.

19. (a) 12-8-42 (Date received local registrar) (b) Naba Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th year 1942 hour 1:00 minute Am M.

21. I hereby certify that I attended the deceased from as coroner 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 Exposure

Due to 1952

Due to 99

Other conditions Senile Dementia (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 040

(b) Date of occurrence Dec 8 1942

(c) Where did injury occur? Iron bridge, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? On highway near home

While at work? no (Specify type of place) (e) Means of injury Exposure

23. Signature Wm J. Jenson (M. D. Coroner)

Address Trouton, Mo Date signed 12-8-42

1202

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

40
90

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.....

E. J. Robertson

Licensed Embalmer No. *2468*

P. O. Address *Fairfax, 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.