

FILED MAR 8 1943

Registration District No. _____

Primary Registration District No. 4154

State File No. _____

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield, Mo.
(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 on visits only of late years months or days years

3. (a) PRINT FULL NAME John R. Browne3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M5. Color or
Face white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Mable Browne6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept. 11 1863
(Month) (Day) (Year)8. AGE: Years 79 Months 5 Days 5 If less than one day
_____ hr. _____ min.9. Birthplace Steelville, Mo
(City, town, or county) (State or foreign country)10. Usual occupation retired minister

11. Industry or business _____

12. Name Geo. W. Browne13. Birthplace Steelville, Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mary Jane Murray15. Birthplace Steelville, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant: John Browne
(b) Address: Jasper, Mo. 194317. (a) burial (b) Date thereof Feb. 18th
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: Lockwood, Mo.18. (a) Signature of funeral director: Ray Caldwell(b) Address: Lockwood, Mo.19. (a) Feb. 18 '43 (b) Phyllis Lach
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Larimer
(c) City or town Ft. Collins
(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.? 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year 1943 hour 2:10PM minute _____ M.21. I hereby certify that I attended the deceased from
2/12/1943 to 2/16/1943
that I last saw him alive on Feb. 16th, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Lymphatic Leukemia, chronic Duration 1937

Due to _____

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 sta-
tistically.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. Shannon M. D. or other _____
Address Greenfield, Mo. Date signed 2/17/43

RECEIVED

District Health Officer No. 6,

District File Number 343-315-

Date Filed MAR 5 1943

JUN 1 1943

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 _____

Licensed Embalmer No. 3380

P. O. Address Lockwood 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.