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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7836

State File No.

Registration District No. 337 Primary Registration District No. 4498 6141 Registrar's No. 7

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

12
0
0

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Hunnewell Mo Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community Intra Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby 0

(c) City or town Hunnewell Mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No 0

3. (a) PRINT FULL NAME Kenton Saunier Browne

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Towne I. Browne

6. (c) Age of ~~husband~~ or wife if alive 51 years

7. Birth date of deceased Nov (Month) 30 (Day) 1883 (Year)

8. AGE: Years 59 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Hunnewell Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business

FATHER
12. Name Peter A. Browne
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lavenia Jordan
15. Birthplace Penn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs J. A. O'Daniel

(b) Address Hunnewell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1943 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ 900 Ben Hunnewell Mo

18. (a) Signature of funeral director Grover J Givan

(b) Address Hunnewell Mo

19. (a) 1-23-1943 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

1095

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1943 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Jan 22, 1943 that I last saw him alive on Jan 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Parkinson's disease	over 3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

J M C

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)

(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 R H Parker (M. D. or other)

Address Hunnewell Mo Date signed 1-22-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1943

RECEIVED
District Health Officer No. 10
District File Number 243-299
Date Filed FEB 16 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~~ ME

....., Registered Apprentice No.....

working under my personal supervision.

Signed George J Givan

Licensed Embalmer No. 1754

P. O. Address Hunnewell 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, fact should be so stated above.