S. No. 2
OM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

Registration District No. 17

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 17674

Registrar's No. 106

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole 26 5
(c) City or town Jefferson City Mo 4
(If outside city or town limits, write "RURAL")
(d) Street No. 105 W. High
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joyce Josephine Browning
3. (b) If veteran, name war ✓
3. (c) Social Security No. 486-12-4320
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 21 (Day) 1897 (Year)

8. AGE: Years 46 Months Days 1 If less than one day hr. min.

9. Birthplace Bates Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Stenographer
11. Industry or business
FATHER
12. Name Frank P Browning
13. Birthplace Bowling Green Ky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lou Susan Johnson
15. Birthplace Bloomington Ill 1 (City, town, or county) (State or foreign country)
16. (a) Informant C C Browning
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Mo
18. (a) Signature of funeral director Thorpe J Gordon
(b) Address Jefferson City Mo
19. (a) 5-22-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 4 minute A M.
21. I hereby certify that I attended the deceased from 5-17, 1943, to 5-22, 1943
that I last saw her alive on 5-22-43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowels
Due to Abdominal Adhesions
Due to
Other conditions Peritonitis
(Include pregnancy within 3 months of death)
Major findings: Of operations Obstruction Illeum near Illeocaecal valve, with rupture of bowels
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)
(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 [signature] M D (M. D. or other)
Address Jefferson City Mo Date signed 5-22-43

321
2/43

874

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 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 Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff 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.

JUN 22 1943