

FILED FEB 11 1944
Registration District No. **3-9-**

Primary Registration District No. **30 11**

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

1. PLACE OF DEATH:
 (a) County **Carroll**
 (b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **216 S. Folger** **X**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **X** (Specify whether
 In this community **47 years** years, months or days)

3. (a) PRINT FULL NAME **Walter Elmer Browne**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
 (b) Name of husband or wife **Maude Woodlan Browne** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **October 2 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **7** If less than one day
hr. min.

9. Birthplace **Russelville Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **City Collector**

11. Industry or business **Bakery-Confectionery**

12. Name **Gus A. Browne**

13. Birthplace **Nashville Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hattie Foulks**

15. Birthplace **Russelville Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Chas. Woodlan**

(b) Address **Carrollton, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 11, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Mo. Oak Hill**

18. (a) Signature of funeral director **Willis-Marshall**

(b) Address **Carrollton, Mo.**

19. (a) **1-11-44** (b) **Wm James Rafferty**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Carroll** **F7**
 (c) City or town **Carrollton** **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. **216 S. Folger**
(If rural, give location)
 (e) Citizen of foreign country? **No** **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **9th**
 year **1944** hour **11-15** minute **P.M.**

21. I hereby certify that I attended the deceased from **Nov. 12th**, 19**43** to **Jan 9th**, 19**44**
 that I last saw him alive on **Jan. 8th**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis and softening of the brain**
 Due to **As above stated**

Due to _____
 Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **XXXXXX**
 Of operations _____
 Of autopsy **XXXXXX**

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 **R.F. Cook** (M. D. **cook**)
 Address **Carrollton, Mo.** Date signed **1-12-44**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-8-44

MAR 16 1944

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 my self

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.