

FILED AUG 9 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 4074

Registrar's No. 18

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Oakridge
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Oakridge 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Flora Belle Browning

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Virgel William Browning 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. 18 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Dryden

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Niblick

15. Birthplace Jackson Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cooper Lape

(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof July 29 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Jackson Mo.

18. (a) Signature of funeral director Edison Staller Seaburg
(Specify type of place)

(b) Address Jackson Mo.

19. (a) July 30 1945 (b) Henry W. Lape
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28
 year 1945 hour 15 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 8 1945, to 7 29 45 1945

that I last saw her alive on July 27 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy g2N

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? _____

(e) Means of injury _____

23. Signature R. D. Pleybeck (M. D. or other) 0

Address Oak Ridge, Mo. Date signed 2 28 45

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

16
0
0

RECEIVED

District Health Officer No. 4
District File Number 845-911
Date Filed 8-8-45

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.