

FILED DEC 29 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
108@ S. Jefferson St. 1  
(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:

(a) State Missouri (b) County Audrain 4  
(c) City or town Mexico 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 920 E. Promenade St. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 11  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Leroy Browning Jr.

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Male 5. Color or race White  
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 October 21, 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 23 hr. min.

9. Birthplace Mexico Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name James Leroy Browning 1

13. Birthplace Brighton, Ill. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Sanders

15. Birthplace Green Ridge, Missouri 1  
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Browning

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Nov. 15, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope, Callaway County

18. (a) Signature of funeral director Carl E. Pugh

(b) Address Mexico, Mo.

19. (a) 11-15-45 (b) Blanche Keely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13  
year 1945 hour 8 minute 40 M.

21. I hereby certify that I attended the deceased from 11-13  
1945 to 11-13, 1945  
that I last saw h. 10 alive on 11-13, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchus pneumonia Duration 1 Day

Due to Starvation

Due to Mother's milk being deficient in butter fat.

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy M  
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?

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature John P. Owen (M. D. or other) Do

Address Mexico, Mo. Date signed 11-14-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 12

District File Number 13-45-1823

Date Filed DEC 20 1945

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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed *Earl E. Precht*.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.