

S. No. 2
1-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

40401

FILED JAN 14 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 101

1. PLACE OF DEATH:

(a) County BARRY

(b) City or town MONETT

(c) Name of hospital or institution: 403 Lincoln
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry

(c) City or town Monett
(If outside city or town limits, write "RURAL")

(d) Street No. 403 Lincoln
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES MONROE BROWNING

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 24, year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-10-1943, to 12-24-1945 that I last saw him alive on 1-15-1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife JESSIE LOU BROWNING

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug. 6 1861
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to: _____

Due to: _____

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

Major findings: Of operations _____

Of autopsy gva

8. AGE: Years 81 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM BROWNING

13. Birthplace Kentucky

14. Maiden name Mary L. Browning

15. Birthplace North Carolina

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ester Ray

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof Dec. 26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Site

18. (a) Signature of funeral director Blankenship

(b) Address Monett, Mo.

19. (a) 12-26-45 (b) W. M. West
(Date received local registrar) (Registrar's signature)

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 W. M. West (M. D. or other) _____

Address Monett Mo Date signed 12/24/45

1508

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 146-65

Date Filed JAN 11 1946

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 *S. H. Blankenship*
Licensed Embalmer No. *2397*
P. O. Address *Monett, Miss.*

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.