V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3959

Primary Registration District No. 1000

Registrar's No. 275

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community 3 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Nebraska (b) County: Richardson

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

(d) Street No.: —
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Carey Brownson

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

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Daisy Brownson

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: November (Month) 27 (Day) 1882 (Year)

8. AGE: Years 64 Months 2 Days 29 If less than one day hr. min.

9. Birthplace: Richardson County (City, town, or county) Neb. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Truman M. Brownson
13. Birthplace: Unknown (City, town or county) New York (State or foreign country)

MOTHER
14. Maiden name: Amelia Maria Jones
15. Birthplace: Clayton County (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Robert Brownson
(b) Address: Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb. 26 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Shubert, Nebraska.

18. (a) Signature of funeral director: Stoney Funeral Home
(b) Address: St Joseph, Mo

19. (a) 2-28-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1947 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from Feb 23-47 19.. to Feb 26 — 1947 that I last saw him alive on Feb 25 — 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: Back pressure from large prostate

Due to:

Other conditions: Left pyelitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: N/C

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: 0

23. Signature: Paul Forgrave (M. D. or other)

Address: St Joseph, Mo Date signed 2-26-47

382 (Licensed Embalmer's Statement on Reverse Side)

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 Charles M. Harman, Registered Apprentice No. 450, working under my personal supervision.

Signed John H. Huley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.