

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

DEPARTMENT OF COMMERCE
BUREAU OF LIVE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4686

State File No. _____

Registrar's No. 10

Registration District No. 144

Primary Registration District No. 4234

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 weeks
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural, Arcadia
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile east of Ironton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Billie Gene Browers

3. (b) If veteran, name war no
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 11 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Browers
13. Birthplace Iron County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ella Mae Hughes
15. Birthplace Graniteville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harvey Browers
(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 2-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Missouri

19. (a) 3-7-47 (b) Mrs. Lois Young
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1947 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-22-47, 19____, to 2-16-47, 19____;
that I last saw him alive on 2-16-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute bilateral bronchial pneumonia
Duration 1-22

Due to congenital atelectasis of lungs 3 mo.

Due to _____

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

Major findings:
Of operations _____
Of autopsy 1600
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) (c) Means of injury 8

23. Signature R. E. Starland (M. D. or other) M.D.
Address Ironton, Mo Date signed 2-22-47

128 (Licensed Embalmer's Statement on Reverse Side)

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

17
1
0

RECEIVED

Health Officer No. 4
District File Number 347-328
Date Filed 3-2-47

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.....

was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Arnell J. White*.....

Licensed Embalmer No. 2012.....

P. O. Address *Imitor New*.....

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.