

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12116

Registration District No. 23 Primary Registration District No. 6141 Registrar's No. 27

1. PLACE OF DEATH:  
(a) County Shelby  
(b) City or town Huntsville Jackson  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Shelby  
(c) City or town Huntsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. North part of Huntsville  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SIDNEY HARPER BROWNE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 21<sup>st</sup>  
year 1947 hour 8 minute 30 A.M.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 2 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 1 19 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Apoplexy  
Due to \_\_\_\_\_

9. Birthplace Quincy Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Due Apoplexy deemed necessary  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Peter C Browne  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Jordan  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

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

16. (a) Informant P. H. Brown  
(b) Address Huntsville Mo  
17. (a) Burial (b) Date thereof 3/23/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation J. B. C. Care  
18. (a) Signature of funeral director W. L. Seta Gwan  
(b) Address Huntsville Mo  
19. (a) Mar 24 1947 (b) K. H. Jones  
(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?  
On farm  
While at work? yes (Specify type of place) (e) Means of injury Coronet 10

23. Signature W. L. Seta Gwan (M. D. or other) \_\_\_\_\_  
Address City Mo Date signed 3/21/47

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

12  
9

307

40 SF 729000 134612

RECEIVED  
District Health Officer No. 10  
District File Number 447-623  
Date Filed APR - 1 1947

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.....

*Paul E. Hayes*

Registered Apprentice No. 417

working under my personal supervision.

Signed *E. Hayes*

Licensed Embalmer No. 1437

P. O. Address.....

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.

*Hayes*