No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 8 1948
Registration District No. 132

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4203

State File No. 16092
Registrar's No.

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town GALT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 MO. (b) County GRUNDY 40
(c) City or town GALT 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY AGNES BROWNING
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 1
5. Color or race WHT
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. 28 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	6	21	hr. min.

9. Birthplace SULLIVAN CO. MO. (City, town, or county) (State or foreign country) 0
10. Usual occupation RETIRED HOUSEWIFE
11. Industry or business "
FATHER
12. Name J.E. BONDURANT
13. Birthplace U.S.A. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name NANCY BENNETT
15. Birthplace U.S.A. (City, town, or county) (State or foreign country) 1
16. (a) Informant ROY BROWNING
(b) Address GALT, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation NORTH EVANS
18. (a) Signature of funeral director P.K. Payne & Son,
(b) Address GALT, MO.
19. (a) 4-21-48 (Date received local registrar) (b) June Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 19
year 1948 hour 12 minute 15 A M.
21. I hereby certify that I attended the deceased from 1-1-, 1948, to 4-19-, 1948;
that I last saw her alive on 4-18-, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic heart disease Mitral regurg.	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature U.C. Weston M.D. or other
Address Galt, Mo Date signed 4-19-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.