

Registration District No. 347 Primary Registration District No. 3018 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry Clinton  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: W. Allen  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 21 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
 (c) City or town Clinton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. W. Allen  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Virgil H Browder

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-16-6212

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 \_\_\_\_\_

7. Birth date of deceased May 2 1919  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 11 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Charles Browder  
 13. Birthplace Calhoun Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Pearl Moore  
 15. Birthplace Clinton Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Browder  
 (b) Address W. Allen St Clinton Mo

17. (a) Burial (b) Date thereof 4 6 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood cem

18. (a) Signature of funeral director Fred C. Williams  
 (b) Address Clinton Mo

19. (a) 4-19-41 (b) Dr. L. R. Hamilton  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
 year 1940 hour 4 minute 00A M.

21. I hereby certify that I attended the deceased from 3-15-41  
4-4-41, 1941, to 4-4, 1941;  
 that I last saw him alive on 4-2, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary I. B. Duration 1 yr

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

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?

23. Signature L. S. Walker (M. D. \_\_\_\_\_)  
 Address Clinton Mo Date signed 4-5-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 5-41-882

Date Filed 5-4 5-13-41

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**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

*Fred W. Kinson*

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.**