

FILED APR 10 1946

Registration District No. 187

Primary Registration District No. 3023

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 56 yrs 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. 415 N Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Benjamin Browne

3. (b) If veteran, name war V 3. (c) Social Security No. V

20. DATE OF DEATH: Month Mar day 5
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1
1946, to March 5, 1946;
that I last saw him alive on 3-3, 1946;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband's~~ wife Elizabeth Browne 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 7 1862
(Month) (Day) (Year)

Immediate cause of death apoplexy Duration 3 da

8. AGE: Years 83 Months 6 Days 1 If less than one day hr. min.

Due to Arteriosclerosis Cerebri 1 yr.

9. Birthplace Willet, Penna (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Railroad

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name Bar Samuel Browne
13. Birthplace Belfast Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Laura Moore
15. Birthplace Plainville Penna
(City, town, or county) (State or foreign country)

Of autopsy of 30
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth Browne
(b) Address Clinton Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 3 7 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Cedarwood Cem

While at work? _____ (Specify type of place) (e) Means of injury _____

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

23. Signature H. S. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 3-6-46

19. (a) 3-4-46 (b) P. R. Kenney
(Date received local registrar) (Registrar's signature)

120

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

812

RECEIVED

Dist. Health Officer No. 1,

Dist. No. 3-46-324

Date Filed 4-9-46

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 Wilkinson*

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, fact should be so stated above.