No. 2
-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32185

Registration District No. 391 Primary Registration District No. 5546 a Registrar's No. 57

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural ; Arcadia Cove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
east of Arcadia Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (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
(If outside city or town limits write "RURAL")

0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jackson Browers

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elzadie Browers

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 19, 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	7	4	hr. min.

9. Birthplace Iron County Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation farmer; retired 9

11. Industry or business 9

FATHER
12. Name John Browers
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Ann Henson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lee Moore
(b) Address Ironton Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 14, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons Cove Cem.
(b) Address A. J. White Ironton Mo.

19. (a) 9-20-40 (Date received local registrar) (b) Julia A. Gunton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1940 hour 1 minute P M.

21. I hereby certify that I attended the deceased from September 12, 1940, to September 13, 1940
that I last saw him alive on September 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic

Due to 9 2 C

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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? 9 1/4 9 (Specify type of place)
While at work? (e) Means of injury

23. Signature George Wm. Gay, M.D. (M. D. or other)
Address Ironton, Mo. Date signed 9-18-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.