

FILED MAY 24 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 449

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2018 Felix Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
(Specify whether  
In this community 39 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2018 Felix Street //  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME Charles Washington Brownlee

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Sarah E. Brownlee 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased January 15 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>6</u>	hr. min.

9. Birthplace Forbes Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Restaurant Man

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

MOTHER FATHER  
12. Name Robert Brownlee  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachael Forker  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah E. Brownlee  
(b) Address 2018 Felix St. St. Joseph, Mo.  
17. (a) Burial (b) Date thereof 4/24/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoff  
(b) Address 1302 Faraon St. St. Joseph, Mo.  
19. (a) 424/44 (b) W. H. Hargy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st.  
year 1944 hour 3:10 minute P. M.  
21. I hereby certify that I attended the deceased from ap 10/44  
19. to ap 21/44 ;  
that I last saw h. im alive on ap 19/44 ;  
and that death occurred on ap 21/44 date and hour stated above.  
Immediate cause of death lobar pneumonia Duration 6 days

Due to Septic

Due to anemia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108  
Of autopsy 108

PHYSICIAN

Underline the cause(s) 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? \_\_\_\_\_

While at work (Specify type of place) (a) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
23. Signature W. H. Hargy M.D. (M. D. number)  
Address 825 Charles Date signed \_\_\_\_\_

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

1233

St Joseph Mo 4/24/44

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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.....

*Albert P. Harrington*

Licensed Embalmer No. 3258 Missouri.....

P. O. Address St. Joseph, Missouri.

**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.**