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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

Registration District No. ____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20964

Primary Registration District No. 3000

Registrar's No. 141

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith (If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days) In this community: ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Knox 52
(c) City or town: Novelty (If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 1
If yes, name country: ____

3. (a) PRINT FULL NAME: Oliver Lumel Browning
3. (b) If veteran, name war: ____
3. (c) Social Security No. ____

4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: Hattie Rhoades
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov (Month) - 25 (Day) - 1872 (Year)

8. AGE: Years 71, Months 6, Days 9, If less than one day ____ hr. ____ min.

9. Birthplace: Liberty (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business: ____

MOTHER FATHER
12. Name: Jasper W. Browning
13. Birthplace: uk (City, town, or county) Ohio (State or foreign country) 1
14. Maiden name: Deborah Boyer
15. Birthplace: uk (City, town, or county) uk (State or foreign country) 4

16. (a) Informant: Opal Wilgus
(b) Address: Novelty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June -5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Novelty, Missouri.
18. (a) Signature of funeral director: Keith Hudson.
(b) Address: Edina, Missouri
19. (a) 6/6/44 (Date received local registrar) (b) Mrs. L. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 4th day 1944 year ____ hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 3, 1944 to June 4, 1944 that I last saw h. ~~is~~ alive on June 3, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ~~Injury~~ Punctured lung & spinal injury	sev hrs
Due to: Fractures	sev hrs
Due to: Fall from barn roof	sev hrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 186a	
Of autopsy: 39	

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): accident 052
(b) Date of occurrence: 6-3-1944
(c) Where did injury occur? Home on farm (City or town) Knox (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? Yes (e) Means of injury: Fell 16 ft.

23. Signature: George E. Gram (M. D. or other) MD
Address: Kirksville, Missouri Date signed 6-5-44

1047 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-44-1207
Date Filed JUL 7 1944

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Eskina Missou

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

If this body is not embalmed, fact should be so stated above.