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41176 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 14 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1065

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
515 N. Nettleton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 7

(d) Street No. 515 N. Nettleton
(If rural, give location) 1

(e) Citizen of foreign country? No. 0
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Hardaway Young Browning

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena J. Browning 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 14, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 9 If less than one day
hr. min.

9. Birthplace Orrville Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Merchandising

MOTHER FATHER { 12. Name Unknown

13. Birthplace UNKN. Unknown
(City, town, or county) (State or foreign country)

14. Maiden name UNKN. Unknown

15. Birthplace UNKN. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lena J. Browning

(b) Address 3127 N. Campbell Ave. Spfld. Mo.

17. (a) Removal (b) Date thereof 12-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director W.K. Lingner & Co.

(b) Address Springfield Mo.

19. (a) 12-26-45 (b) W. H. Hauley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1945 hour 10: minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 22, 1945 to Dec. 23, 1945
and that I last saw him alive on Dec. 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 da.

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) Where did injury occur?.....
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?.....

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

23. Signature W. H. Hauley (M. D. or other).....

Address Springfield, Mo. Date signed 12-24-45

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

39
2
6

984 (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.....

Ogden Stone Jr

Licensed Embalmer No.....

4126

P. O. Address.....

Springfield

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.

X