

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

8926

FILED APR 15 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 98

Primary Registration District No. 5369

Registrar's No. 29

1. PLACE OF DEATH

(a) County Davies

(b) City or town Meriden Exp. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: -

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

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

(d) Street No. (If rural, give location) 0

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

If yes, name country: 1

3. (a) PRINT FULL NAME Mary Francis Brownley

3. (b) If veteran, name war: -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

2. DATE OF DEATH: Month mar day 26th
year 1946 hour one minute 45 A.M.

21. I hereby certify that I attended the deceased from January 27th, 1946, to mar 26th, 1946, that I last saw her alive on mar 26 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Brownley

6. (c) Age of husband or wife if alive 23 years (Day) (Year) 1861

7. Birth date of deceased: May (Month) 23 (Day) 1861 (Year)

Immediate cause of death: chronic myocarditis
family

Duration

8. AGE: Years 84 Months 10 Days 3 If less than one day hr. min.

Due to:

Due to:

9. Birthplace: Carbondale, Ind
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

Other conditions: (include pregnancy within 3 months of death)

11. Industry or business:

Major findings: Of operations: 938

12. Name Nelson Hudson Burr

13. Birthplace: Not known
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Francis Butcher

15. Birthplace: Not known
(City, town, or county) (State or foreign country)

Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Hathon

(b) Address Champaign Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 28 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton Mo

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?

18. (a) Signature of funeral director: Bron Funeral Home

(b) Address Hamilton Mo.

19. (a) 5-31-46 (Date received local registrar) (b) Virginia M. Engle (Registrar's signature)

While at work? Yes (Specify type of place) (c) Means of injury 9

23. Signature Leroy J. Galster (M. D. or other) DO.
Address Hamilton Mo. Date signed mar 27 1946

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

7855

MAY 21 1948

1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

DEC 3 1946

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 with the above constitutes grounds for revocation of license.)

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