

FILED APR 10 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Wagner Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 hrs
(Specify whether _____)

In this community 5 1/2 hr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

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

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

(e) Citizen of foreign country? Rural no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RALPH-BROWESBERGER

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 28 42
year 1946 hour 7 minute 03 A.M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 10 28 1924
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/28/46
_____ 19 _____ to 3/28/46 19 _____
that I last saw him alive on 3/28/46 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

21 5 _____ hr. _____ min.

Immediate cause of death Shock following car accident Duration _____

9. Birthplace Montrose MO
(City, town, or county) (State or foreign country)

Due to Broken leg

Due to severe body injuries

10. Usual occupation Mechanic

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

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Brownsberger

13. Birthplace Montrose Mo
(City, town, or county) (State or foreign country)

14. Maiden name Kristina Holt

15. Birthplace Pat Grove Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 170C: 8 28

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

16. (a) Informant Henry Brownsberger

(b) Address Montrose Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-46
(Month) (Day) (Year)

(c) Place: burial or cremation Montrose Mo

18. (a) Signature of funeral director Wellington Bros

(b) Address Montrose Mo

19. (a) 3-31-46 (Date received local registrar) (b) R. R. Remsey (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 3-28-46

(c) Where did injury occur? Clinton Co. Mo
(City or town) (County) (State)

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

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

APR 12 1946

MON 1 1946

RECEIVED

DEPT. OF HEALTH DISTRICT No. 7,
3-46-340

Date Filed 4-9-46

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 _____

on the 28 day of Mar 1946

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Frank Lee

Licensed Embalmer No. 1099

P. O. Address *Appleton City Mo*

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.