

S. No. 2
M-2-43
5-17-39
X35937

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24149**
Registrar's No. **78**

Registration District No. **170** Primary Registration District No. **3036**

1. PLACE OF DEATH:
(a) County **Lawrence**
(b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Aurora ind 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **76 yr** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Aurora mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ROBERT M BROWNING**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife **deceased** 6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **Oct 30 1869**
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **Lawrence** (City, town, or county) (State or foreign country) **0**
10. Usual occupation **Farmer**

MOTHER FATHER { 11. Industry or business _____
12. Name **John Brown**
13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Mary Strawn**
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Ida Brown**
(b) Address **Aurora mo**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **July 13-46** (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Park Aurora**

18. (a) Signature of funeral director **Alvin H. Smith**
(b) Address **Aurora mo**
19. (a) **July 25-46** (Date received local registrar) (b) **Dr. McNeil** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **11** year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **July 10th 1946** to **July 10th 1946** and that death occurred on the date and hour stated above.
Immediate cause of death **supposed hydro-nephrosis**
Duration **only saw him when on death bed**
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations **12343**
Of autopsy _____

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) (c) Means of injury **0**
23. Signature **W. H. Brown** (M. D. or other) Address **Aurora mo** Date signed **July 14/46**

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

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

157

RECEIVED

District Health Officer No. 6,

District File Number 746-809

Date Filed JUL 30 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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben L. Harris.....

Licensed Embalmer No. 3812.....

P. O. Address Quora no.....

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.