

FILED JUN 11 1947

Registration District No. 17

Primary Registration District No. 3040

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Livingston  
 (b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
215 Tenth Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59  
 (c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 215 Tenth Street 2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
 year 1947 hour 11 minute 05 A. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. im. alive on May 18th  
 and that death occurred on the date and hour stated above. 19:47

3. (a) PRINT FULL NAME Alexander Elwood Brownley

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

4. Sex Male 0 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: March 12 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Logan County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name John D. Brownley

13. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ray

15. Birthplace Logan County Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mertie McCain

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 5-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Mo.

19. (a) May-20-47 (b) Frances B. Neill  
(Date received local registrar) (Registrar's signature)

Immediate cause of death	Duration
<u>Cerebral hemorrhage</u>	<u>30 min.</u>
Due to <u>Hypertension</u>	<u>8 mo.</u>

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) 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 job)  
 (e) Means of injury \_\_\_\_\_

23. Signature Joseph E. Prior (M. D. or other) D.O.  
 Address Chillicothe, Missouri Date signed 5-19-47

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

---

**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 Elton J. Norman.....

Licensed Embalmer No..... 4036.....

P. O. Address Chillicothe, 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.**