

No. 300
-10-47
5-17-39
WI 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26895
Registrar's No. 80

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 15 1948
Registration District No. 175

Primary Registration District No. 4275

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

1. PLACE OF DEATH:
(a) County LAWRENCE
(b) City or town MARIONVILLE
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 YEAR (Specify whether years, months or days)

3: (a) PRINT FULL NAME HARRY LEONARD BROWNE
3: (b) If veteran, name war _____ 3: (c) Social Security No. 056-03-3499

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ADA BROWNE 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased AUGUST 3 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 6 hr. min.

9. Birthplace MONCTON NEW BRUNSWICK CANADA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED ENGINEER OF WESTERN UNION

11. Industry or business WESTERN UNION

MOTHER FATHER { 12. Name WILL BROWNE
13. Birthplace ? CANADA 2
(City, town, or county) (State or foreign country)
14. Maiden name ANNA E TAYLOR
15. Birthplace ? CANADA 2
(City, town, or county) (State or foreign country)

16. (a) Informant MRS HARRY BROWNE
(b) Address MARIONVILLE MO.

17. (a) BURIAL (b) Date thereof 9/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT OLIVE CEMETERY

18. (a) Signature of funeral director J. B. Burridge
(b) Address MARIONVILLE MO.

19. (a) 9-11-48 (b) Osas McNeill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAWRENCE 55
(c) City or town MARIONVILLE MO. 7
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NOS (Yes or No) 0
If yes, name country NATURALIZED

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPT day 9
year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 1948 to Sept 9 1948
that I last saw him alive on September 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 hrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 830
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 place) (e) Means of injury _____

23. Signature J. P. [Signature] (M. D. or other)
Address Marionville, Mo. Date signed 9-10-48

RECEIVED
District Health Officer No. 6;
District File Number 948-1061
Date Filed SEP-14-1948

SEP 24 1948

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.....

William J. Fulks....., Registered Apprentice No. 29
working under my personal supervision.

Signed Herman Lurridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.