

FILED DEC 3 1942

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 17

1. PLACE OF DEATH:  
(a) County **Moniteau**  
(b) City or town **Tipton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **---** (Specify whether)  
In this community **Seven years**  
years, months or days)

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

3. (a) PRINT FULL NAME **Rev. Richards Browder**  
(b) If veteran, name war **None** (c) Social Security No. **---**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **19th**  
year **1942** hour **4** minute **A.** M.  
21. I hereby certify that I attended the deceased from **Oct. 8, 1942**  
to **Nov. 18, 1942**  
that I last saw him alive on **Nov. 18, 1942**  
and that death occurred on the date and hour stated above.  
Duration

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Axie Browder** 6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **July, 7th, 1866**  
(Month) (Day) (Year)

Immediate cause of death:  
**Cardiac failure**  
**Senility**  
Due to  
Due to  
Other conditions (include pregnancy within 3 months of death) **938**

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

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Otterville, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Baptist Minister**  
11. Industry or business **Ministry**

MOTHER FATHER  
12. Name **Richard Browder**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Axie Browder**  
(b) Address **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof **11-22-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Tipton Colored Cemetery**

18. (a) Signature of funeral director **James E. Richard**  
(b) Address **Tipton, Missouri**

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. F. Potts** (M. D. or other)  
Address **Tipton, Mo.** Date signed **11-20-42**

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

5-17-39  
X32873

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton Me

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27600  
Registrar's No. 17

Registration District No. 225

Primary Registration District No. 4335

1. PLACE OF DEATH:

(a) County moniteau  
(b) City or town Kepton  
(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 7 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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

Rev Richard Browder

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 7 1902  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 10 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Minister

11. Industry or business ministry

12. Name Unknown

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

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Asie Browder

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Kepton Col. Cemetery

18. (a) Signature of funeral director Jewell E. Richards

(b) Address Kepton Mo

19. (a) 4/19/42 (Date received local registrar) (b) Mrs. Lena Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV year 1982 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I or saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

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)  
(b) 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 \_\_\_\_\_

23. Signature A. F. Potts (M. D. or other) \_\_\_\_\_  
Address Kepton Mo. Date signed \_\_\_\_\_

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

TEMPORARILY

MOTHER FATHER

9

12

