

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH21039
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2489
 (c) City K. C. Mo. (d) Street No. 3420 Troost Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Benjamin Browning 655
 (a) Residence, No. 3420 Troost Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Verna R. Browning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 .. 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Letter Carrier
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Arkansas

FATHER 13. NAME Jabez Browning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Clarinda Ann Cummings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lees Summit, Mo.

17. INFORMANT (ADDRESS) Mrs. Vern R. Browning
3420 Troost Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home
Kansas City, Missouri

20. FILED June 21, 1938 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1938 to June 19, 1938

I last saw him alive on June 19, 1938 Death in said

to have occurred on the date stated above, at 2:30 pm

The principal cause of death and related causes of importance were as follows:

Primary bronchial carcinoma of lung Date of onset not known

Other contributory causes of importance:

Metastasis to liver & stomach

Name of operation none Date of

What test confirmed diagnosis? X-Ray & Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Eugene Garbarough M. D.

(Address) 714 Broadway Bldg

1102
Brend
Morgan

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.