

JUL 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23045  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 7.35  
(b) Township 1 Primary Registration District No. 3034 Registered No. 109  
(c) City Moberly (d) Street No. 110 No. 5th 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 William H. Browning

(a) Residence, No. 110 No. 5th St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Browning  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6-1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 6 27  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Engineer  
9. Industry or business in which work was done, as saw mill, bank, etc. Wabash R.R.  
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) Kas  
13. NAME George Browning  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
15. MAIDEN NAME Nancy Mattingly  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
17. INFORMANT (ADDRESS) Mrs. Emma Browning Moberly, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE June 5th 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan & Son Moberly, Mo  
20. FILED June 5th 1939 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from MON 20 1939 to JUNE 3 1939

I last saw him alive on JUNE 3 1939 Death is said to have occurred on the date stated above, at 4:55 P.M.

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

Chronic Myocarditis

Date of onset 10 years

Other contributory causes of importance:

arteriosclerosis

Name of operation UP Date of 1/31

What test confirmed diagnosis Chronic Was there an autopsy? No

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

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) Thy. Williams M. D.

925 (Address) Moberly Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 7-39-12585

Date Filed JUL 12 1939

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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.....

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

Signed Frank D De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, above space should be left blank.