

No. 2
10-39
17-50
X21492

Registration District No. 5594

Primary Registration District No. 5594

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural
(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 2
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Alvin Banks Browning

3. (b) If veteran, name war _____
3. (c) Social Security No. 703-03-4766

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude-Mae Browning
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 4 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Johnson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Johnson County Road Employee

11. Industry or business _____

MOTHER FATHER { 12. Name William T. Browning
13. Birthplace West Va.
(City, town, or county) (State or foreign country)
14. Maiden name Anna E. Banks
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Browning

(b) Address Holden Mo

17. (a) Burial (b) Date thereof Aug 22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adessa Cemetery
W. Woodman

18. (a) Signature of funeral director _____
(b) Address Holden Mo 307

19. (a) Aug 22 (b) Wm M. Coleman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden Rural
(If outside city or town limits write "RURAL")
(d) Street No. 8 1/2 Miles South West
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1940 hour 2:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death accidental death by dynamite

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 20, 1940

(c) Where did injury occur? Holden Johnson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on county road project

While at work? yes (Specify type of place) (e) Means of injury _____

23. Signature T. O. Bradley (M. D. or other) _____

Address By Kelly Rawlins Date signed 8/22/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Holden, 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 W. L. Gordon

Licensed Embalmer No. 2424

P. O. Address Golden 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.