No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1107

Primary Registration District No. 1002

Registrar's No. 182

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas CITy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Aladdin Hotel, 1213 Wyandotte /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1213 Wyandotte
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Myrle Browning

3. (b) If veteran, name war No

3. (c) Social Security No. 446-05-4829

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Beatrice Browning

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. (Month) 2 (Day) 1890 (Year)

8. AGE: Years 51 Months 4 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Garnett, (City, town, or county) / Kansas. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Stevens-Davis Co., Chicago.

FATHER
12. Name Dr. B. F. Browning
13. Birthplace St. Joseph (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Anna Brown
15. Birthplace Not known (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Mrs Ralph Browning
(b) Address Aladdin Hotel, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 15, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Altoons, Ks.

18. (a) Signature of funeral director Fenney Funeral Home
(b) Address Mission, Kansas.

19. (a) 1-15-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1942 hour 9 40 minute A M.

21. I hereby certify that I attended the deceased from 12/22/41, 19__, to 1-13, 1942
that I last saw him alive on 1-13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurism

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 30D.

Major findings:
Of operations 30d

Of autopsy Ruptured Aneurism

Duration

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

23. Signature John M. Cheney (M. D. or other) M.D.
Address 311 Argyle Bldg Date signed 1/14/42

(Licensed Embalmer's Statement on Reverse Side)

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. 4165

P. O. Address Mission, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.