

Registration District No. 347

Primary Registration District No. 5493

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Empurata
(c) Name of hospital or institution Home 7 mi. North West of Appleton City
(d) Length of stay: In hospital or institution.
In this community.
years, months or days

3. (a) PRINT FULL NAME HANNAH Browning

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Lee L. Browning 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug 5-1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 13 If less than one day hr. min.

9. Birthplace MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

12. Name John B. Brown

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

14. Maiden name Ruby Colman
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lee L. Browning

(b) Address Montrose MO

17. (a) Burial (b) Date thereof May 23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo

18. (a) Signature of funeral director Frank

(b) Address Appleton City MO

19. (a) May 23, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Rural
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1942 hour 11 minutes 30 A.M.

21. I hereby certify that I attended the deceased from May 18 1942 to May 18 1942
that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death unknown

Due to She was found dead lying on kitchen floor

Due to I probably had been dead 2 hours

Other conditions I had not treated during the last 3 years
(Include pregnancy within 3 months of death)

Major findings 3 years ago she had
Of operations liver blood poisoning

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 0

23. Signature A L Hammons (M. D. or other) MO
Address Appleton City MO Date signed May 23, 1942

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

RECEIVED
District Health Officer No. 7,
District File Number 6-42-574
Date Filed 6-8-42

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
on the 18th day of May 1942, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, W.

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.