. S. No. 2
DM—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14658

State File No.

EL MAY 19 1943

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 302 S WASHINGTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NEITHER (Specify whether
In this community ABOUT 30 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 302 S WASHINGTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LORETTA B. BROWNING
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife FRANK BROWNING
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 7 (Day) 1869 (Year)
8. AGE: Years 73 Months 10 Days If less than one day hr. min.
9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation RETIRED SCHOOL TEACHER
11. Industry or business
MOTHER FATHER
12. Name NOT KNOWN
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs S Smith
(b) Address LEBANON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 9 43 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) 4-12-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7 TH. year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-1- 1943, to 4-7- 1943, that I last saw her alive on 4-6- 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis and Myocardial degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature R. E. Hewell (M.D. or other) MD
Address Lebanon Mo. Date signed 4-8-43

(Licensed Embalmer's Statement on Reverse Side)

Received MAY 1943
Laclede County Health Unit
File No. 4-43-56
Date Filed MAY 11 1943

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 Allyn Detherage

Licensed Embalmer No. 4333

P. O. Address Lebanon 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, fact should be so stated above.