

FILED DEC 13 1943

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

38800

Do not use this space.

1. PLACE OF DEATH

- (a) County Madison Registration District No. 249
 (b) Township Lincoln Primary Registration District No. 4371 Registered No. _____
 (c) City Edmo Mo or _____ (d) Street No. 1 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM ROBERT BROWNING

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susie Browning</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 68</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jellison</u>		
FATHER	13. NAME <u>James Browning</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vandeventer Jellison</u>	
MOTHER	15. MAIDEN NAME <u>Mary Weedner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jellison</u>	
17. INFORMANT <u>Susie Browning</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hugh Evans</u> DATE <u>Dec 5</u> 19 <u>43</u>		
19. FUNERAL DIRECTOR (NAME) <u>Price Funeral Home</u> (ADDRESS) <u>Mary Vale</u>		
20. FILED <u>Dec 4</u> 19 <u>43</u> <u>Mrs. V. J. Carpenter</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1943

22. HEREBY CERTIFY, That I attended deceased from March 19 1943, to Dec 3 1943
 I last saw him alive on Dec 3 1943. Death is said to have occurred on the date stated above, at 4:40 pm.
 The principal cause of death and related causes of importance were as follows:
Cerebrovascular accident Date of onset 12/1/43
61

Other contributory causes of importance:
Arterio-sclerosis
Diabetes
Myocardial Infarction Date of onset 12/1/43

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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) Marvin Ford M.D. M. D.
 (Address) Edmo - Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

Clem M. Price

Licensed Embalmer No.

1822

P. O. Address

Marionville, 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.