

FILED APR 20 1944

State File No. ....

Registration District No. ....

Primary Registration District No. 5645 3036

Registrar's No. 37

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Aurora  
(c) Name of hospital or institution:  
West College Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 45 years  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. West College Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Alice Browning  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 24  
year 1944 hour 2:45 minute A. M.  
21. I hereby certify that I attended the deceased from  
dec 15, 1944 to march 24, 1944;  
that I last saw her alive on march 23, 1944;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Robert Browning  
6. (c) Age of husband or wife if alive 5 years (Month) (Day) (Year)  
7. Birth date of deceased May 5 1873  
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy  
Due to.....  
Due to.....  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy.....

8. AGE: Years Months Days If less than one day  
70 10 19 hr. min.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Lawrence County (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....  
MOTHER FATHER { 12. Name John Mullins  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Allie Samuels  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Robert Browning  
(b) Address Aurora, Mo

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 W. P. Herron (M. D. or other)  
Address Aurora Mo Date signed 3/25/44

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/44 (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park, Aurora  
18. (a) Signature of funeral director Oscar L. Marsh  
(b) Address 229 West Church St., Aurora  
19. (a) 3-26-44 (Date received local registrar) (b) Eunice Green (Registrar's signature)

Health Officer No. 6,  
Number 444-481  
dated APR 13 1944

MAY 2

**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.....  
*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Oscar L Marsh*  
Licensed Embalmer No. *3812*  
P. O. Address *Quora M*

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

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