

No. 2
8-43
17-39
X37823

FILED NOV 16 1945
Registration District No. 187

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)
In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Avalon
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Elizabeth Browning Piatt

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dr. Kirby Piatt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 25 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>26</u>	hr. min.

9. Birthplace Avalon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Robert H. Browning
13. Birthplace Winchester Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Alexander
15. Birthplace Bedford Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant S. A. Browning

(b) Address Avalon, Missouri

17. (a) Burial (b) Date thereof 10-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address 74 Locust, Chillicothe, Mo.

19. (a) Oct 23, 1946 Frances B. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1945 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from Oct 18
19 45 to Oct 21 19 45
that I last saw her alive on Oct 21 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis 3 Deep
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?

(Specify type of place)
While at work? (e) Means of injury
23. Signature P. Callier (M. D. or other)
Address Chillicothe MO Date signed 10/27/45

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.....

Elton F. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

- - - Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.