

FILED OCT 7 1946
Registration District No. 103

Primary Registration District No. 5685

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Browning - Rural - Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Browning - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.P. #1 - Jackson TWP 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edmund A. Browning

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Judd Thomas Browning 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 2 1849
(Month) (Day) (Year)

8. AGE: Years 97 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Browning
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Parks
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Etha Browning

(b) Address Browning Mo. Ill.

17. (a) Burial (b) Date thereof 9-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locust Valley

18. (a) Signature of funeral director E. J. Robertson Funeral Home

(b) Address Laredo Mo.

19. (a) Sept 12, 1946 (b) Elva Crookshank
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1946 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1940 to Sept 10 1946
that I last saw him alive on July 11th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral pneumonia
cardiomy sclerosis

Due to _____
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (a) Means of injury _____
While at work? _____
23. Signature J.P. M. Arto (M. D. or other)
Address Browning Date signed Sept 12, 1946

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.