

FILED NOV 21 1946

Registration District No. 175

Primary Registration District No. 5645

1. PLACE OF DEATH:

(a) County LAWRENCE
(b) City or town AURORA (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
RT 1 - AURORA 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community LIFE
years, months or days)

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. RT 1 AURORA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John W. 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 MARRIED

6. (b) Name of husband or wife LURA

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. 26, 1874

(Month) (Day) (Year)

8. AGE:

Years 72 Months 2 Days 15 hr. _____ min. _____

9. Birthplace McDonnell Co., Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name Alec Browning

NO RECORD

13. Birthplace _____

NO RECORD

14. Maiden name _____

NO RECORD

15. Birthplace _____

NO RECORD

16. (a) Informant MRS LURA BROWNING

RT 1 AURORA, MO.

(b) Address _____

17. (a) BURIAL

(b) Date thereof 11-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ORANGE Cem.

18. (a) Signature of funeral director Hing Fun. Home

AURORA, MO.

(b) Address _____

19. (a) Nov 11 - 1946

(b) Omie McMatt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1946 hour 4:15 minute _____ A.M. _____ P.M.

21. I hereby certify that I attended the deceased from Oct. 10, 1946 to Nov. 10, 1946
that I last saw him alive on Nov. 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ac sigmoid Flexure of Colon
Duration 1 yr.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 46E

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 2

23. Signature J. Avery Watson (M.D. or other) D.O.
Address Verona, Mo. Date signed 11/11/46

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

RECEIVED

District Health Officer No. 6,

Official File Number 1146 - 1148

Date NOV 19 1946

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..... *H. J. White*
Licensed Embalmer No. *4240*
P. O. Address *AURORA, 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.