V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1947

Registration District No. 872

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4457

State File No. 5893

Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Lowry City Mo
(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 ✓ 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

(c) City or town Lowry City Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clement L 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 60 years

7. Birth date of deceased June (Month) 2 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	22	hr. min.

9. Birthplace Portland Ohio (City, town, or county) (~~State or foreign country~~)

10. Usual occupation Retired Grocer

11. Industry or business

FATHER
12. Name Edmond W. Browning /
13. Birthplace Near Cumberland (City, town, or county) Maryland (State ~~or foreign country~~)

MOTHER
14. Maiden name Phoebe Adams
15. Birthplace Near Portland (City, town, or county) Ohio / (State ~~or foreign country~~)

16. (a) Informant ✓ Mrs Evelyn Browning
(b) Address ✓ Lowry City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 25 (Day) 1947 (Year)

(c) Place: burial or cremation Lowry City Cemetery

18. (a) Signature of funeral director H. C. Austin
(b) Address Lowry City Mo

19. (a) 2-26-47 (Date received local registrar) (b) R. Seeners (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 23, 1947, 19..., to Feb 24, 1947
that I last saw him alive on Feb 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

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 0

23. Signature C. S. Stratton (M. D. ~~or other~~)
Address Lowry City, Mo Date signed 2/24/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1949

NOV 9 1948

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. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.