. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Wurst

State File No. 41445

FILED JAN 12 1948

Registration District No. 128

Primary Registration District No. 2965

Registrar's No. 1148

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Springfield N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1751 W. Lombard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1751 W. Lombard
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Ida Alice Browning

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J.E. Browning

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

7. Birth date of deceased March (Month) 24 (Day) 1871 (Year)

8. AGE: Years 76 Months 9 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name William Turner
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Hubert Browning
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 1-3-48 (Date received local registrar) (b) N E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1947 hour 4 minute 30a. M.

21. I hereby certify that I attended the deceased from Dec. 8 1947, 19..., to Dec. 31, 1947; that I last saw her alive on Dec. 30, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	8hrs
Due to Congestive heart failure	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92
Of autopsy

PHYSICIAN
Underline the cause of 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 2

23. Signature R Andrew Wurst (M. D. or other) DO
Address 321-22 Woodruff Bldg. Date signed 1-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.