No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1756

FILED FEB 4 1948

Registration District No. 289

Primary Registration District No. 3043

Registrar's No. 216756

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 209 Terrace Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal (If outside city or town limits, write "RURAL") 3

(d) Street No. 209 Terrace (If rural, give location) 4

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Fred Browning

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Vernie Browning

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 6, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	14	hr. min.

9. Birthplace Hamburg Iowa (City, town, or county) (State or foreign country) 1

10. Usual occupation Fireman, Universal Atlas

11. Industry or business Retired

FATHER

12. Name John Browning 9

13. Birthplace No record (City, town, or county) (State or foreign country) 1

MOTHER

14. Maiden name Anna Kerr

15. Birthplace No record (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Fred Browning

(b) Address Hannibal Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/23/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery, Rockport Ill.

18. (a) Signature of funeral director [signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 1-21-48 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature) 1/20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1948 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 19, 1948, to Jan 20, 1948 that I last saw him alive on Jan 20, 1948 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 no 9417

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 0

23. Signature A. B. Blair (M. D. or other)

Address Hannibal Mo Date signed 1-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 N. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.