

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 31 1948

Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Weston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 15 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town Weston  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Elizabeth Parker Browning

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wood A. Browning 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased June 27 1872  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 14 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tollesbro Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name John Winslow Parker  
13. Birthplace Louisburg Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Belle Owens  
15. Birthplace Tollesbro Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Browning  
(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Dec. 13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home  
(b) Address Weston, Missouri

19. (a) 12-12-48 (b) Spencer Rollins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec. 10 1948, to Dec. 11 1948,  
that I last saw her alive on Dec. 11 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs.

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 2

(Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature R. J. Pellego M.D. or other DD  
Address Weston, Mo. Date signed 12/12/48

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

MOTHER FATHER

83  
3

RECEIVED

District Health Officer No. 6,

District File Number \_\_\_\_\_

Date Filed 12-30-48

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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: W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address. Weston, 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.