

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2505
Do not use this space.

FILED FEB 15 1940

1. PLACE OF DEATH
 (a) County Henry Registration District No. 352
 (b) Township St. Peter Primary Registration District No. 4309 Registered No. 2
 (c) City Montrose or (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eunice Eugenia Browning
 (a) Residence, No. Montrose Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar O. Browning
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) Dec 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Mo.

FATHER 13. NAME Frank K. Miller 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris - Illinois

MOTHER 15. MAIDEN NAME Lou Ella Deupred 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Etrudes Steinbock
Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE 1-23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bennarty + Bennarty
Montrose Mo

20. FILED 1-24 1940 W.E. Baggard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1940
 22. I HEREBY CERTIFY, That I attended deceased from 1-6-40 to 1-22-1940
 I last saw him alive on 1-22-40 1940 Death is said to have occurred on the date stated above, at 7:05A m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Left) Date of onset 1-6-40

Other contributory causes of importance: 105

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Joseph B. Prall, M. D.
317 (Address) Clinton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 2-110-194

Date Filed 2-12-40

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 Oscar Eckhoff
Licensed Embalmer No. 3942
P. O. Address Appleton City, Wis.

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, above space should be left blank.