FILED JUL 12 1940

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

22185
Do not use this space.

1. PLACE OF DEATH
(a) County Linn D Registration District No. 496
(b) Township Brookfield Primary Registration District No. 3025 Registered No. 55
(c) City Brookfield (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 655 Shirley Dean Browning
(a) Residence, No. 4604 Walnut St. Kansas City, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1929
7. AGE: YEARS 11 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo 0

FATHER
13. NAME Walter T. Browning 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houstonia Mo 1

MOTHER
15. MAIDEN NAME May Belle Nickel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Midland Arkansas

17. INFORMANT (ADDRESS) Mrs. May B. Browning

18. BURIAL, CREMATION, OR REMOVAL
PLACE K.C. Mo DATE 6-20-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. J. Allen Kansas City Mo

20. FILED July 1 1940 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1940, to 6-18, 1940
I last saw her alive on 6-18, 1940 Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Base of Skull & Contusion of Brain	2½ da

Other contributory causes of importance: 188 19

Name of operation None Date of ✓
What test confirmed diagnosis Cl & Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/16, 1940
Where did injury occur? 5 Mi. S. Brookfield (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fracture of Skull
Nature of injury Kicked by 2 yr old Horse

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 0
(Signed) Jno. T. McLaney, M. D.
445 (Address) Brookfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 11
District File Number 240-980
Date Filed JUL 2 1940

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 S J Allen

Licensed Embalmer No. ~~[illegible]~~ 1475

P. O. Address K.C. 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, above space should be left blank.