No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17479

Primary Registration District No. 3169

Registrar's No. 165

1. PLACE OF DEATH:
(a) County: CALLAWAY
(b) City or town: RURAL - NINE MILE TWSP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 MILE S.W. WILLIAMSBURG
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: LIFE-TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CALLAWAY 14
(c) City or town: RURAL - WILLIAMSBURG 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 7 MILE S.W. WILLIAMSBURG 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: JOHN ROBERT BROWNING
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: MALE 0
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: SEPT. (Month) 8 (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	8	23	..... hr. ..... min.

9. Birthplace: CALLAWAY COUNTY, (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: MINOR
11. Industry or business: NONE
FATHER
12. Name: GEORGE R. BROWNING
13. Birthplace: WARREN COUNTY, (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name: ANNA MAE NEWSOM
15. Birthplace: CALLAWAY COUNTY, (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Geo R. Browning
(b) Address: Williamsburg RFD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation READSVILLE RURAL CALLAWAY
18. (a) Signature of funeral director: Leo G. Wallace
(b) Address: FULTON, MO.
19. (a) 6-2-1943 (Date received local registrar) (b) Joric Monsmith (Registrar's signature)

1041

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY - day 31st year 1943, hour about 8 - minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him ~~alive~~ dead on MAY - 31st 19 43, and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental drowning in well,
Due to: loose board top.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: no
Of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

1433
36

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident P. 14
(b) Date of occurrence: May - 31st 1943.
(c) Where did injury occur? (City or town) "county. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on premises at his home (Specify type of place)
While at work? no (e) Means of injury: drowned.
23. Signature: J. W. Holman, (M. D. or other) Coroner.
Address: 8-E-8th ST. FULTON, MO. Date signed 6-1-43.

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.