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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19022
Registrar's No. 50

Registration District No. 75

Primary Registration District No. 4154

1. PLACE OF DEATH:
(a) County Dade
(b) City or town GREENFIELD MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cowan Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LAWRENCE
(c) City or town VEVONA MO 55
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ROBERT EARL BROWNING
3. (b) If veteran, name war.
3. (c) Social Security No.

4. Sex Male 0 race W
5. Color or race W
6. (a) Single, widowed, married divorced infant
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 15 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 hr. min.

9. Birthplace Greenville MO (Dade County) 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Ralph Browning

13. Birthplace LAWRENCE MO 0
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace LAWRENCE MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Ph Browning

(b) Address Vevona MO

17. (a) Burial (b) Date thereof 4/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springing Springs

18. (a) Signature of funeral director Oscar Marsh

(b) Address Aurora Mo
19. (a) 6-25-48 (b) Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18th
year 1948 hour 2:30 minute a.m.
21. I hereby certify that I attended the deceased from 2-15-48
to 6-18-48
that I last saw him alive on 2-17-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 2 days
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1600
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) NO
(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? NO

While at work? (Specify type of place) (e) Means of injury
23. Signature R S Crum (M. D. or other)
Address Aurora Mo Date signed 3/2/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 648-136
Date Filed JUN 29 1948

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.....

was not embalmed....., Registered Apprentice No. *L*
working under my personal supervision.

Signed *Robert L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Aurora 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.