

005

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

FILED JUL 28 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **5040**

1. PLACE OF DEATH

(a) County **Barry**  
(b) City or town **Burnell** *Eastern view*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1 1/2 Mi. S. of Epeter**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
(Specify whether \_\_\_\_\_)  
In this community **50 yrs.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Barry**  
(c) City or town **Burnell**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1 1/2 Mi. S. of Epeter**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Anna Elizabeth Browning**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **William J. Browning**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 21 1874**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **1** Days **23**  
If less than one day \_\_\_\_\_ min.

9. Birthplace **DO NOT KNOW Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_  
12. Name **Fredrick Spahr**  
13. Birthplace **DO NOT KNOW Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Susan M. Spahr**  
15. Birthplace **DO NOT KNOW Ill.**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mr. Elmer Browning**  
(b) Address **Epeter, Mo.**  
17. (a) **Burial** (b) Date thereof **6-13-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maplewood Cem.**

18. (a) Signature of funeral director **W. P. Moon**  
(b) Address **Cassville, Mo.**  
19. (a) **June 12 1944** (b) **Grace Williams**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**  
year **1944** hour **2** minute **15** M.  
21. I hereby certify that I attended the deceased from **March 10**  
**1943**, to **June 6**, 19**44**.  
that I last saw her alive on **June 6**, 19**44**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy of Brain**  
Due to **Hypertension + a general arteriosclerosis**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: Of operations **83a**  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **W. R. M. Clive** (M. D. or other) **D.O.**  
Address **Cassville, Mo** Date signed **6/19/44**

RECEIVED

District Health Officer No. 6;

District File Number 744-863

Date Filed June 25 1944

June 13

June 14 1944

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. C. Keon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.**