

Registration District No. 445Primary Registration District No. 5606

State File No. _____

Registrar's No. 71

1. PLACE OF DEATH:

- (a) County Knex Fabius Twp.
(b) City or town Newark (Rural)
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 65 years. _____ (Specify whether8. (a) PRINT FULL NAME Jenny Boone Brittingham8. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. ne4. Sex 7 5. Color or race W. 6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife William Brittingham 6. (c) Age of husband or wife if
alive 80 years7. Birth date of deceased Dec. 13/1854-1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
83 11 28 _____ hr. _____ min.9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

12. Name Richard Boone13. Birthplace Pa
(City, town, or county) (State or foreign country)14. Maiden name Mary15. Birthplace Pa
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jenny Brittingham(b) Address Newark, Mo.17. (a) Burial (b) Date thereof Dec. 19/1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Newark18. (a) Signature of funeral director Thomas G. Bull(b) Address Newark, Mo.19. (a) Dec. 11, 1939 (b) M. C. M. Knish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Knex
(c) City or town Newark (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Fabius Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9 day
year 1939 hour 8 minute _____ M.21. I hereby certify that I attended the deceased from 8:00 am
7, 1939, to the 9, 1939;
that I last saw her alive on December 9, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Impacted bowel
don't know the precise
passing causeDue to 1st degree at 8:00 am
til it was too late toDue to shock & thermal excitationOther conditions Impacted bowel -
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 12 lb

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) _____
(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 J. L. Coates, Jr. (M.D. or other)
Address La Balle Mo. Date signed 12-9-1939

RECEIVED

District Health Officer No. 10

District File Number 1-40-113

Date Filed JAN 9 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.....

Licensed Embalmer No.....

P. O. Address.....

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.