

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No.

1. PLACE OF DEATH:

**JASPER**  
(a) County  
(b) City or town **JOPLIN**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1909 ANNIE BAXTER:**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **19 YEARS** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **LAURA HEGWER BRITE:**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **O.B. BRITE:** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **AUG. 30, 1891:**  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<b>48</b>	<b>5</b>	<b>17</b>	hr. min.

9. Birthplace **JASPER COUNTY MO:**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

MOTHER FATHER  
12. Name **AUGUST J. HEGWER:**  
13. Birthplace **KANSAS**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY BOWERS**  
15. Birthplace **JASPER COUNTY MO:**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **O. B. Brite**

(b) Address **1909 ANNIE BAXTER JOPLIN MO:**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **2-20-40**  
(Month) (Day) (Year)

(c) Place: burial or cremation **OZARK MEM. PK. Cem.**

18. (a) Signature of funeral director **HURLBUT UND. CO:**

(b) Address **JOPLIN MO: 372**

19. (a) **2-20-40** (Date received local registrar) (b) **Ed D. Jamieson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

**MISSOURI:** (a) State (b) County **JASPER**  
(c) City or town **JOPLIN MO:**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1909 ANNIE BAXTER:**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **NO** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB. 16, 1940** day **16** year \_\_\_\_\_ hour \_\_\_\_\_ minute **2-15 P.M.**

21. I hereby certify that I attended the deceased from **May 38**, 19**38**, to **2-16**, 19**40**  
that I last saw him alive on **2-16**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolus**

Due to **Chr. coronary disease**

Other conditions **gulf**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

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 **Ed D. Jamieson** (M. D. or other) \_\_\_\_\_  
Address **Joplin, Mo** Date signed **2/20/40**

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

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. 6,

District File Number 340-737

Date Filed MAR 8 1940

MAR 2 9 1940

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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 Steve D. Parker

Licensed Embalmer No. 92548

P. O. Address 9411 1st

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.