DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11319

Registration District No. 411 — Primary Registration District No. 2002 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1425 West "C" (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- In this community 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 1425 West "C" St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME: Rufus Smith Britton
3. (b) If veteran, name war:
3. (c) Social Security No.: NO
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Madge
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Nov. 29 (Month) 1887 (Day) (Year)

8. AGE: Years 52 | Months 3 | Days 23 | If less than one day ---- hr. ---- min.

9. Birthplace: Crawford County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: City Fireman
11. Industry or business:
FATHER 12. Name: Jossie Britton
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha Coppage
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Madge Britton
(b) Address: 1422 W. C St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park
18. (a) Signature of funeral director: HURLBUT UND. CO.
(b) Address: 212 Joplin St., Joplin, Mo.
19. (a) 3-22-40 (Date received local registrar) (b) Ed. D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1940 hour 9:30 minute a.m.

21. I hereby certify that I attended the deceased from March 4, 1940 to March 22, 1940 that I last saw him alive on March 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Nephritis	
Due to: Pulmonary Tuberculosis	
Due to: Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: No	
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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: W. H. Brown (M. D. or other) MD
Address: Joplin Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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.

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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. 2548

P. O. Address Joplin 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, above space should be left blank.