DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21891

Registration District No. 384 — Primary Registration District No. 4227 — Registrar's No.

JUL 17 1940

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 703 West Broadway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 703 West Broadway (If rural, give location)

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

3. (a) PRINT FULL NAME Unnamed — 620

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 13 (Day) 1940 (Year)

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

9. Birthplace West Plains (City, town, or county) Mo (State or foreign country)

10. Usual occupation nil

11. Industry or business —

FATHER
12. Name Berl Briscoe
13. Birthplace — (City, town, or county) Okla. (State or foreign country)

MOTHER
14. Maiden name Imogene Ruth Jennings
15. Birthplace Peace Valley, (City, town, or county) Mo. (State or foreign country)

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

(b) Address 703 W. Broadway West Plains, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Howell Valley Cem Howell Twp. Howell Co. Mo.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address West Plains, Mo.

19. (a) 6-19-40 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1940 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 13, 1940, to June 13, 1940 that I last saw her alive on June 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth 5 1/2 months	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 3 44 — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Maurice Thompson (M. D. or other) MD

Address West Plains 1 Date signed 6/19

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINS — USE STANDING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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.

RECEIVED

District Health Officer No. 5,

District File Number 260 236

Date Filed 7/1/60

Not Embalmed

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.