S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24497

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 86

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

4
4
2

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 408 Rawlings
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. 408 Rawlings
(If rural, give location)

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

3. (a) PRINT FULL NAME Janie Briscoe 620

3. (b) If veteran, name war

3. (c) Social Security No. Case no 4-444

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Henry Briscoe

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

7. Birth date of deceased June (Month) 9 (Day) 1871 (Year)

8. AGE: Years 69 Months 1 Days no If less than one day hr. min.

9. Birthplace Montgomery County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ora Clark

(b) Address Montgomery City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Mo

18. (a) Signature of funeral director Ja Marlow

(b) Address Montgomery City Mo

19. (a) July 9-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1940 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 1-2-40, 19, to 7-9-, 1940 that I last saw her alive on 7-9-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Chronic Hypertension

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no autopsy

Duration

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 H. J. Eeton (M. D. or other)

Address Mexico, Mo Date signed 7-9-40

n

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-40-1516
Date Filed AUG 8 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 Joseph A Marlar

Licensed Embalmer No. 3658

P. O. Address Montgomery City

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.