

STANDARD CERTIFICATE OF DEATH

State File No.

32565

Registration District No. 234

Primary Registration District No. 4326

Registrar's No. 10

1. PLACE OF DEATH:

- (a) County Mercer
(b) City or town Mill Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Years (Specify whether
In this community 13 Years years, months or days)

8. (a) PRINT FULL NAME James D. Brittain

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased June 25 1927 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 1 12 hr. min.

9. Birthplace Mill Grove, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

- MOTHER FATHER { 12. Name E. R. Brittain
13. Birthplace Half Rock, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Hazel King
15. Birthplace Spickard, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address Eldon Brittain17. (a) Burial (b) Date thereof Aug. 10-40 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mill Grove, Mo.18. (a) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.19. (a) Aug. 10, 1940 (b) Mrs. Claud Thomas (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer
(c) City or town Mill Grove, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1940 hour 12 minute 10 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on August 7, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis Duration 1 year

Due to _____

Due to 27

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations ✓Of autopsy no

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 Aug 10 1940
(c) Where did injury occur? Princeton, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 493
(Specify type of place) (e) Means of injury ✓

23. Signature C. D. McClanahan (M. D. or other) MD
Address Spickard, Missouri Date signed Aug 10

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.....

H. Ivan Martin

Licensed Embalmer No.....

3760

P. O. Address.....

Princeton, 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.