

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

21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44083

State File No.

Registration District No. 838

Primary Registration District No. 16095B

Registrar's No.

1. PLACE OF DEATH
 (a) County Stoddard rural Liberty Mo
 (b) City or town
 (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 _____ (Specify whether)
 In this community _____ (Specify whether)
 years, months or days 2

3. (a) PRINT FULL NAME Janell Fern brigance
 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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 29 1940
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Stoddard Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Brigance
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Robbie Lowrey
 15. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Brigance
 (b) Address Dudley, Mo.

17. (a) Burial (b) Date thereof 12/2/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cem. Blankenship-Strickland
 18. (a) Signature of funeral director Dexter, Mo.

(b) Address _____
 19. (a) 1/8 1941 (b) Jennie Burton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town rural (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 Dec. day 1st
 year 1940 hour 4 minute 0 p. M.

21. I hereby certify that I attended the deceased from Nov. 29 1940 to Nov 29 1940
 that I last saw her alive on Nov 29 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiogenital weakness unable to take nourishment
 Duration

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: Of operations
 Of autopsy no
 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) no
 (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 S. S. [unclear] (M. D. or other) _____
 Address Dexter, Mo Date signed _____

851

RECEIVED
District Health Officer No. 2.
District File Number 141-38
Date Filed 11/9/41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 440 820

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 838

Primary Registration District No. 609013

Registrar's No. _____

1. PLACE OF DEATH-

(a) County Stoddard
(b) City or town Liberty, T.P.
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Janell Fern Brigance

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

4. Sex F 5. Color or race W 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 (Month) (Day) (Year) _____

8. AGE: Years Months Days If less than one year _____ hr. _____ min.

9. Birthplace (City, town, or county) (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH

Month Dec day 1
year 1960 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death congenital weakness
unable to take nourishment
ment. (Full term. Term)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 158

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 B. S. Hawn (M. D. or other) yes
Address Defiance, Mo Date signed 2/2/61

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

SUPPLEMENTARY

Duration
Underline the cause to which death should be charged statistically.

