

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2529 Elma  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 45 Years  
years, months or days)

3. (a) PRINT FULL NAME Millie Briscoe  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thomas Briscoe 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased April 16 1896  
(Month) (Day) (Year)

8. AGE: 45 Years 8 Months 19 Days If less than one day  
hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Neal Grego  
13. Birthplace Italy (City, town, or county) (State or foreign country)  
14. Maiden name Josephine Cappico  
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Briscoe  
(b) Address 634 Hardesty

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director Passantino Bro's.  
(b) Address K. C. MO.

19. (a) Jan 6 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2529 Elma  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 45 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th  
year 1941 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan. 4, 1941, to Jan 5, 1941, that I last saw him alive on Jan 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
old

Due to \_\_\_\_\_  
Due to arterial & myocardial

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 Carl Johnson (M. D. or other) MD  
Address 103 E. 8th Date signed 6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... Park G. Rowe.....

Licensed Embalmer No. 2347.....

P. O. Address..... K. C. 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.**