

FILED FEB 14 1941

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 9

962

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Webb City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Hrs 30 Min
(Specify whether years, months or days)
 In this community 3 Hrs 30 Min.

3. (a) PRINT FULL NAME Infant Briggs
 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 0 Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 30, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. 30 min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Earl Briggs
 13. Birthplace No Data Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Velma Case
 15. Birthplace No Data Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Briggs
 (b) Address Oronogo, Mo, R. R. # 1

17. (a) Burial (b) Date thereof 2/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Nedyc Nelson
 (b) Address Webb City, Missouri

19. (a) JAN 30, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County Jasper 0
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. R. R. # 1 Oronogo, Missouri
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
 year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Birth
1 - 30, 1941, to 1 - 30, 1941;
 that I last saw h- alive on 1 - 20, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity (6 months)
(weight 2 pounds)
 Due to Respiratory failure
 Due to inadequate development of Respiratory center
 Other conditions 154.
(Include pregnancy within 3 months of death)

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? 377

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) M. D.
 Address Webb City, Mo Date signed 1-30-41

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.....

E. D. Hedge..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. D. Hedge
Licensed Embalmer No. *2859*

P. O. Address *Hedge*

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, fact should be so stated above.