No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11769

Registration District No. 721 Primary Registration District No. 4432 Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Owen T. Briscoe
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geraldine
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 5 1896 (Month) (Day) (Year)
8. AGE: Years 44 Months 7 Days 30 If less than one day hr. min.
9. Birthplace Ralls (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name George Briscoe
13. Birthplace Ralls (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Addie Trabue
15. Birthplace Ralls (City, town, or county) Mo (State or foreign country)
16. (a) Informant Joseph B Briscoe
(b) Address New London Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cem.
18. (a) Signature of funeral director James O'Donnell 653
(b) Address Hannibal Mo
19. (a) Apr 6 1941 (Date received local registrar) (b) Blanche Gregory (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1941 hour minute 5:30 P.M.

21. I hereby certify that I ~~attended the deceased from~~ viewed dead body, 19, to, 19; that I last saw him alive body April 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Suicide - by gun shot wound in left side of head.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) Suicide
(b) Date of occurrence April 4th 1941
(c) Where did injury occur? New London Ralls Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Kitchen of his home (Specify type of place)
While at work? No (e) Means of injury Gun Shot
23. Signature H E Caldwell (M. D. or other Coroner)
Address New London Date signed 4/5/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-736
Date Filed APR 10 1941

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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

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

If this body is not embalmed, fact should be so stated above.