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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36334**

FILLED NOV 10 1941

Registration District No. **359**

Primary Registration District No. **6128**

Registrar's No. **46**

1. PLACE OF DEATH:

(a) County **Jenny**
(b) City or town **Brown Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jenny 10 6**
(c) City or town **Brown Mo** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **25**
year **41** hour **10** minute **25** 9 A.M.
21. I hereby certify that I attended the deceased from **10-25 1941** to **10-25-1941**
that I last saw her alive on **10-25-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Deep breath & general condition**
Due to **asphyxia**
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) **160C**

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 **John H. Baer** (M.D. or other)
Address _____ Date signed **10/25/41**

3. (a) PRINT FULL NAME **PEGGY SHARION BRITAIN**

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

4. Sex **Girl** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased: **Oct 25 1941**
(Month) (Day) (Year)

8. AGE: Years _____ Months **X** Days _____ If less than one day **hr 23 min.**

9. Birthplace: **Brown Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **WILLIAM BRITAIN**

13. Birthplace **Jenny Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **TRIE MA ROLAND**

15. Birthplace **Jenny Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jenny Britain**

(b) Address **Brown**

17. (a) **Burial** (b) Date thereof **10 26 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Mo**

18. (a) Signature of funeral director **Walter**

(b) Address **Brown Mo**
(c) Date received local registrar **Oct 31 1941** (b) **John H. Baer** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1141-1652

Date Filed NOV 5 1941

Reo-Venus

1588

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.

Geo. Porter

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.