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DEC 17 1941 726

Registration District No. _____

Primary Registration District No. 4432

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town New London ^{Miss}
(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 _____ Life time _____
years, months or days

3. (a) PRINT FULL NAME James William Briscoe

3. (b) If veteran, name war _____

3. (c) Social Security No. yes

4. Sex Male 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 December 19, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Briscoe

13. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bettie Bowling

15. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jennie Briscoe

(b) Address New London, Missouri

17. (a) Barkley Cemetery (b) Date thereof 11-22-41
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation New London, Missouri

18. (a) Signature of funeral director Carroll Smith

(b) Address 902 Broadway Hannibal, Mo.

19. (a) Nov 22 1941 (b) Blanche McGowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Missouri (b) County Ralls

(c) City or town New London, Missouri
(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 November 20, 1941
day _____ year _____ hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 5
1941 to Nov 20 1941
that I last saw him alive on Nov 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to Coronary heart disease 3 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury fall

23. Signature [Signature] (or other) _____

Address New London, Missouri. Date signed 11-22-41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2198

Date Filed DEC 15 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 James A. Molo
Licensed Embalmer No. 3296

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.