

S. No. 2
1-4-13-40
5-17-39
2-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3395
Registrar's No. 168

FILED JAN 30 1942
Registration District No. 773

Primary Registration District No. 6018A

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

1. PLACE OF DEATH:
(a) County St. Francis
(b) City or town Paris St. Francis Twp
(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 74 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Rural St. Francois Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles S.E. of Farmington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN McBRIEN.
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 5
year 1941 hour 7 minute 05 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry McBrien
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov 23 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2, 1941, to Dec 5, 1941
that I last saw him alive on Dec 4, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>12</u>	hr. _____ min.

Immediate cause of death Coronary thrombosis 3 days
Due to Cardiac Rupture
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace New York (City, town, or county) (State or foreign country) /
10. Usual occupation Farmer
11. Industry or business _____

Major findings: Of operations 131a
Of autopsy _____

MOTHER FATHER { 12. Name JOHN McBrien.
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Ellen Sherdi
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

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? _____
(Specify type of place) (e) Means of injury _____

16. (a) Informant Bessie Britten
(b) Address Farmington Mo Rural #1
17. (a) Cavalry (b) Date thereof 12 8 41
(Burial, preparation or removal) (Month) (Day) (Year)

23. Signature H. L. Walker (M. D. or other) M.D.
Address Farmington Mo Date signed 12-5-41

(c) Place: burial or cremation Farmington Mo
18. (a) Signature of funeral director Richardson Funeral Home
(b) Address Farmington Missouri
19. (a) Dec 5-41 (b) B. L. Robinson
(Date received local registrar) (c) LA (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 142-33
Date Filed 1-9-42

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.....

Chas. Richarda

Licensed Embalmer No.....

3167

P. O. Address.....

Springton Mex.

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.