

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(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 all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 301-3rd
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Warren F. Britz

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced widowed
6. (b) Name of husband or wife Mary Beucher Britz 6. (c) Age of husband or wife if alive 1960
7. Birth date of deceased Dec. 1, 1900
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Lantern Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and stock buyer

11. Industry or business Retired

12. Name Asberry Britz

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Eveline Spulman

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Jones

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof May 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. O. F. Cemetery

18. (a) Signature of funeral director L. H. Blankenship

(b) Address Monett, Mo.

19. (a) 5-27-1942 (b) Nickie Harms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 19th 1942 to May 25th 1942

that I last saw him alive on 5/25, 42 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Metastatic carcinoma (Prostatic)

Due to _____

Other conditions 518
(Include pregnancy within 3 months of death)

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) Means of injury 2

23. Signature D. C. Fayll (M. D. or other) MD

Address Monett, Mo. Date signed 5/29/42

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

MOTHER FATHER

PHYSICIAN
Under the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 642-792

Date Filed JUN 9 1942

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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 L. H. Blumenship

Licensed Embalmer No. 2397

P. O. Address Monett, MO

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.