No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26884

State File No.

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 108

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

1. PLACE OF DEATH

(a) County Carroll

(b) City or town Carrollton 2 mi (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: N. Main st 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 life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 17

(c) City or town Carrollton 1 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes name country

3. (a) PRINT FULL NAME Edgar Thomas Bricken

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bessie O'Neal

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug (Month) 9 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	0	9	hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Thos. Jefferson Bricken
13. Birthplace Carroll Co. (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Mary Frances Brock
15. Birthplace Carroll Co. (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Mrs. Edgar Bricken

(b) Address Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Standley

(b) Address Carrollton Mo.

19. (a) 5-19-1942 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1942 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 4 1942, 19..., to Aug 18, 1942 that I last saw him alive on August 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple Sclerosis	
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)

(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)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Carrollton Mo Date signed Aug 18 42

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-7-42

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.