V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

28096

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 106

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington Rural [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94

(c) City or town Hopewell and Washington Co. Farm.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES (JOE) BRIGGS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Washington Co., (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Probably a common laborer.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Records State Hospital #4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation State Hosp. #4 Cem.

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.

19. (a) Aug 19 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 42 hour 3 minute am M.

21. I hereby certify that I attended the deceased from 7-27-42, 19 to 8-14-42, 19
that I last saw him alive on 8-12-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis with psychosis (progressive cerebral softening) — Duration 7-8 yrs

Due to

Due to Chronic valvular heart disease - etiology unknown.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no 83 c

Of autopsy no

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 no
(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 G. TIVIS GRAVES, JR., (M. D. or other) M.D.
Address Farmington, Mo. Date signed 8-14-42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 942-164
Date Filed 9-3-42

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.

not embalmed
C H Cozean

Signed C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.