

FILED OCT 10 1942

Registration District No. 47

Primary Registration District No. 5164

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - Fulton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile north of Fulton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. Route 2 1 Mile north Fulton
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Hiram Britts

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 27th
year 1942, hour about 7 minute P. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Dorris Britts

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: November 2 1899
(Month) (Day) (Year)

that I last saw him in dead on September 27th 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes -
so said coroners jury - apparently
a stroke or sudden heart attack.
due to found dead in cornfield, where
had been cutting corn shocks.

8. AGE: Years 42 Months 10 Days 25
If less than one day..... hr. min.

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace New Castle Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Dairyman and Farming

Major findings:
Of operations none

Of autopsy no

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

11. Industry or business Farm

12. Name James B. Britts

13. Birthplace New Castle Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Louella Anderson

15. Birthplace New Castle Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Doris Britts

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 9/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
death occurred on farm.

While at work? yes (Specify type of place) (e) Means of injury no
or other)

23. Signature d. W. Holman, coroner
address 8-1-8th ST. FULTON, MO Date signed 9-28-42

18. (a) Signature of funeral director.....

(b) Address Fulton Missouri

19. (a) 9-29-42 (b) Jane Morsini
(Date received local registrar) (Registrar's signature)

14
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1147

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 _____

Ernest E. White

Licensed Embalmer No. *4168*

P. O. Address: *Fulton, 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.