

FILED OCT 9 1942

Registration District No. 72

Primary Registration District No. 4134

1. PLACE OF DEATH:

(a) County. CLAY
(b) City or town. PARADISE, MO. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution:
(Specify whether years, months or days) LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO. (b) County. CLAY
(c) City or town. PARADISE near SMITHVILLE
(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.

3. (a) PRINT FULL NAME. CHESTER S. BRITT

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced, or MARRIED
6. (b) Name of husband or wife. JESSIE LEE "COLLEY" BRITT 6. (c) Age of husband or wife if alive. 58 years
7. Birth date of deceased. MARCH 10, 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 2 If less than one day hr. min.

9. Birthplace. CLAY CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation. FARMER

11. Industry or business. GENERAL

MOTHER FATHER { 12. Name. WILLIAM BRITT
13. Birthplace. SPRINGFIELD, MO. (City, town, or county) (State or foreign country)
14. Maiden name. SOPHIA FAGGOTT
15. Birthplace. CLAY CO. MO. (City, town, or county) (State or foreign country)

16. (a) Informant. MRS. CHESTER S. BRITT

(b) Address. SMITHVILLE, MO. R.F.D.

17. (a) BURIAL (b) Date thereof. 9 13 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. SMITHVILLE, MO.

18. (a) Signature of funeral director. *Melton's Funeral Home*

(b) Address. *Smithville, Mo.*

19. (a) *Sept 12 - 1942* (b) *Ruth N. Henry*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. *Sept 12* day. year. *1942* hour. *3 AM* minute. M.

21. I hereby certify that I attended the deceased from *Jan 22 - 1942* to *Sept 12 1942*
that I last saw him alive on *Sept 11* and that death occurred on the date and hour stated above.

Immediate cause of death. *Hemorrhage caused by carcinoma of the bronchi* Duration *2 yrs*

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?

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

While at work?

23. Signature. *J. H. Ruppel* (M. D. or other)

Address. *Smithville Mo.* Date signed. *9-12-42*

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

24
00

24
00

1021

R-2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-8-42

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.