

REG. DIST. 8, 1942
Registration District No. 43

Primary Registration District No. 4056

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Baby Brittingham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1942 hour 5 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov. 25 1942
(Month) (Day) (Year)

Immediate cause of death Pre-maturity

Due to _____

Due to _____

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

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

9. Birthplace Butler Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name George Brittingham

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

14. Maiden name Lais Sickles

15. Birthplace Butler Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Brittingham

(b) Address Fisk Mo

17. (a) Burial (b) Date thereof Nov 30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vale in Butler Co

18. (a) Signature of funeral director Frank Matuary

(b) Address Poplar Bluff Mo

19. (a) 11-30-42 (b) Bellevue
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 159

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 on or about home, on farm, in industrial place, in public place? Did not see pt.

While at work? _____ (Specify type of place)

(e) Means of injury County Physician

23. Signature Frank Matuary (M. D. or other) _____

Address Poplar Bluff Mo Date signed 11-30-42

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

12
00

RECEIVED

District Health Office No. 2,

District File Number 1242-1526

Date Filed 12-7-42

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, ~~city~~.....

Body was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard A. Cooper.....

Licensed Embalmer No. 3996.....

P. O. Address 412 Vine Street, Poplar Bluff, 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.