V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

Registration District No. 167

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37368

State File No.

Primary Registration District No. 5608

Registrar's No. 61

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural, Madison
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 8 Miles Northeast of Holden, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 89 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oliver Perry Briscoe
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race cauc
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sophronia Briscoe
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased September 6, 1853 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	2	24	hr. min.

9. Birthplace Johnson County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Practical Nurse
11. Industry or business XXXXXX
MOTHER FATHER
12. Name Oliver H. Briscoe
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Ursula Huff
15. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Clarence J. Briscoe
(b) Address Holden, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Cemetery,
18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.
19. (a) Dec. 6-42 (Date received local registrar) (b) Gladys Ferguson Deg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1942 hour 12:30 minute A M.
21. I hereby certify that I attended the deceased from June 3, 1937, to Dec 1, 1942, that I last saw him alive on Nov 28, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to:	
Due to:	
Other conditions: Arteriosclerosis (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 Kelley Rawlins (M. D. or other)
Address Holden Mo Date signed 12/2/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-11-42

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 Lewis Conaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.