S. No. 2
M—5-42
v. 5-17-39
X32873

40320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

Registration District No. 43

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5135

State File No.

Registrar's No. 388

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

1 Signed on Instruction of Pres. of Local Board

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
3½ miles South Fisk Mo. 1
(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 Missouri (b) County Butler 15

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3½ miles South Fisk Mo. 0
(If rural, give location)

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

If yes, name country ---------- 0

3. (a) PRINT FULL NAME Baby Brittingham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 28. (Day) 42 (Year)

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

9. Birthplace Fisk Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Brittingham
13. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lois Sickels
15. Birthplace Butler Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant George Brittingham
(b) Address Fisk Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4. 42 (Month) (Day) (Year)
(c) Place: burial or cremation Vale in Butler Co.

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo.

19. (a) 12-5-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th.
year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Birth	
Due to	
Due to 159	
Other conditions (Include pregnancy within 3 months of death)	
~~Major findings:~~ ~~Of operations~~ One twin died at birth	
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 Belle Kinne (~~M.D. or other~~) Local Registrar
Address Belle Kinne Date signed 12/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1717
Date Filed 12-28-42

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 xxxxx

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 St., Poplar Bluff,

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.