

V. S. No. 2
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Rev. 5-17-35
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 51

Registration District No. 209

Primary Registration District No. 3043

64
3
9

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution: St Elizabeth's Hosp.

(d) Length of stay: In hospital or institution 64.5 Feb 19 to 48.5 Feb 19 43 P.M. (Specify whether)

In this community ~~64.5 Feb 19 to 48.5 Feb 19 43~~ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Pike

(c) City or town Hull

(d) Street No. _____

Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: ETTIE OTIS BRIGGS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months Feb day 19 year 1943 hour 8 minute 45 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: W

6. (a) Single, widowed, married: Divorced W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Oct 7 1869 (Month) (Day) (Year)

Immediate cause of death: Co of fuel

Due to: Primary

Due to: _____

8. AGE: Years 73 Months 4 Days 12 If less than one day _____ hr. _____ min.

Other conditions: _____

Major findings: Anemia

Of operations: _____

Of autopsy: _____

9. Birthplace: Payson Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: Stock & Grain

12. Name: MADE BRIGGS

13. Birthplace: Payson Ill. 1 (City, town, or county) (State or foreign country)

14. Maiden name: MARY CREWSON

15. Birthplace: _____ (City, town, or county) (State or foreign country)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant: N J Briggs

(b) Address: New Haven Mo

17. (a) Mount Driver (Burial, cremation, or removal) Mount Olivet (b) Date thereof: Feb 21 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mount Olivet

18. (a) Signature of funeral director: W C Congrove

(b) Address: Payson Ill

19. (a) 2-19-43 (Date received local registrar)

(b) R. W. Connor (Registrar's signature)

23. Signature: _____ (D. or other)

Address: _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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!