

No. 2
-5-42
-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. _____ Primary Registration District No. 3000
Registrar's No. 176

FILED JUL 10 1943

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution Ellis Trichal State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 days

3. (a) PRINT FULL NAME Edgar P. Britten

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Britten 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 11, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 - 2 5 _____ hr. _____ min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business _____

12. Name John Britten

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

14. Maiden name Caroline Gott

15. Birthplace New York City New York
(City, town, or county) (State or foreign country)

16. (a) Informant Patient, Edgar Britten

(b) Address 131 E. 31st, Kans. City, Mo.

17. (a) Burial (b) Date thereof June 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director R. O. ...

(b) Address Columbia Mo

19. (a) 6-18-43 (b) Edna P. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Archie (Rural) 19
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 1943 hour 10 08 minute P M.

21. I hereby certify that I attended the deceased from June 9th 1943 to June 16th 1943
that I last saw him alive on June 16th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Epididymitis
Carcinoma of the pharynx
with metastases to liver
conical & para-pericardiac
lymph nodes
Neurocysticercosis

Due to _____ } 1 yr
Due to _____ } 7 days

Other conditions (Include pregnancy within 3 months of death) 1/5

Major findings: Epididymitis Ca of Pharynx

Of operations _____

Of autopsy Same

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 _____

23. Signature J. McKernan (M. D. or other) M.D.
Address Columbia Hospital Columbia Mo Date signed 6/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.

No Embalming

Signed.....

[Handwritten Signature]

Licensed Embalmer No.....

3183

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.