V. S. No. 2
50M—5-42
ev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25496

FILED AUG 10 1943

Registration District No. 207 Primary Registration District No. 5755 Registrar's No. 134

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

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Vienna R.F.D. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vienna R.F.D. Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo (Specify whether
In this community 1 week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington (If outside city or town limits, write "RURAL")
(d) Street No. 527 E. 4th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Terence C. Briggs

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, or divorced Widowed

6. (b) Name of husband or wife Martha Briggs

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

7. Birth date of deceased (Month) July (Day) 15, (Year) 1868

8. AGE: Years 74 Months 11 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Brighton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Shoeworker

11. Industry or business Shoe Factory

MOTHER FATHER

12. Name Terry Briggs

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

14. Maiden name Bridget Fennessy

15. Birthplace Muhlenburg (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Henry Schulte

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo.

18. (a) Signature of funeral director Bursing Funeral Co.

(b) Address Vienna, Mo.

19. (a) 7/17/43 (Date received by local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1943 hour 18 minute 00 A.M. P.M.

21. I hereby certify that I attended the deceased from Sept. 12, 19 42 to July 12, 19 43 that I last saw him alive on July 9, 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	2 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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 O. M. Henry (M. D. or other)

Address Union, Mo Date signed 7-12-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3664

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.