

Registration District No. 467-175

Primary Registration District No. 4280 3036

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
22 East Coffield St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 22 East Coffield St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah C. Britton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fountain Britton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan, 20 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Kerr
13. Birthplace ? Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Sarah A Reynolds
15. Birthplace ? Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Pendleton
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 7/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director W. P. King
(b) Address Aurora Mo.

19. (a) July 16 '43 (b) Eunice Stoneley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 25
1943 to July 15 1943
that I last saw h. ER alive on July 14
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) JZ

Major findings: Of operations _____
Of autopsy _____

Duration _____
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?

While at work? _____ (Specify type of place)
(r) Means of injury _____

23. Signature W. P. King (M. D. or other) _____
Address Aurora, Mo Date signed July 6-43

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

RECEIVED

District Health Officer No. 6,

District File Number 843-912

Date Filed AUG 20 1947

28600

28600

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 Ms Rachel Surrick
Licensed Embalmer No. 3702

P. O. Address Aurora 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.