

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

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Arlington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Arlington
(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 _____

3. (a) PRINT FULL NAME Frank Carl Brittain

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ola Mae Brittain 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 16, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 0 8 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Brittain
13. Birthplace Pulaski County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Roam
15. Birthplace Pulaski County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Freda Brittain
(b) Address Evening Shade, Mo.
17. (a) Burial (b) Date thereof 9/6/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.
19. (a) 9-6-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1943 hour 3-30 minute 0 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.

Immediate cause of death _____
Due to Hit by R.R. Engine
Due to Skull Fracture, broken arm other fatal injuries
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
169-8
30

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 181
(b) Date of occurrence Sept 5
(c) Where did injury occur? Arlington (Phelps Mo)
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Arlington Mo
While at work: _____ (Specify type of place) (e) Means of injury _____
23. Signature R. S. Hull (M. D. or other)
Address Phelps mo 5 Date signed Sept 7/43

1042

SEP 29 1943

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.....

Sept 4/43

Registered Apprentice No.

working under my personal supervision.

Signed.....
Fred M. Gilbert

Licensed Embalmer No. *2343*

P. O. Address *Saxon, Ma*

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.