

NOV 10 1943

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 20

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

1. PLACE OF DEATH: Greene Co.
 (a) County Greene Co.
 (b) City or town Republic
 (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 _____)
 In this community 79 years (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Sarah Alice Britain
 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 Widow
 6. (b) Name of husband or wife James L. Britain 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 27 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months - Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Pavia Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Townley Rose
 13. Birthplace Don't know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Miss Smith
 15. Birthplace Don't know 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betty Britain
 (b) Address Republic, Mo.
 17. (a) Burial (b) Date thereof Oct. 7 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wade Chapel
 18. (a) Signature of funeral director R. E. Thurman
 (b) Address Republic, Mo.
 19. (a) Oct-8-43 (b) Glorious Britain
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 39
 (a) State Missouri (b) County Greene 0
 (c) City or town Republic Mo 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
 year 1943 hour 12 minute 30 P. M.
 21. I hereby certify that I attended the deceased from July 10
 _____, 1943, to Oct 6, 1943
 that I last saw him alive on Oct 6, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Valvular Stenosis of Heart Duration _____

Due to Rheumatism
 Due to 92d
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy None

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) mur
 (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 E. L. Reed (M. D. or other) _____
 Address Republic Mo Date signed Oct 8 1943

RECEIVED

County Health Office

County File Number 43-11-110

Date Filed 11/9/43

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 R. S. [Signature]

Licensed Embalmer No. 509

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.