

Registration District No. 157

Primary Registration District No. 5588

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Sarcoxie (Rural) Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home / Sarcoxie
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
 (c) City or town Sarcoxie, Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Sarcoxie Township 0
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME John Briner

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 2 widowed

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased June 30, 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>4</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Railroad laborer

11. Industry or business _____

MOTHER FATHER { 12. Name John Briner

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

14. Maiden name Nora Shull

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

16. (a) Informant Mrs. Pearl Tillock

(b) Address Sarcoxie, Missouri R.F.D.

17. (a) Burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Valley Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie, Missouri

19. (a) Nov 23 43 (b) E. Lybetta Coupland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
 year 1943 hour 8: minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 19 1943 to Nov. 20 1943
 that I last saw him alive on Nov 20 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death acute shock Duration

Due to fracturing neck of femur ✓

Due to Senility

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

Major findings: Of operations _____ PHYSICIAN

Of autopsy _____ 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) 049 ✓

(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 W. L. C. Kelbase (M. D. or other) D.O.

Address Sarcoxie Mo. Date signed Nov 23

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

43-11-1004

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Geo. B. Orr

Licensed Embalmer No.

P. O. Address.....

*946
Mt Vernon, Va*

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.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural
(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 3 1/4 years, months or days) (Specify whether

3. (a) PRINT FULL NAME

John Brines

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 w

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

7. Birth date of deceased june 30 - 1915
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days _____ If less than one day min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 19 Year 1943 Hour _____ minute _____ 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 acute shock. Duration

fracture of neck of femur
 Due to senility.

Due to _____

Other conditions. (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

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) Accident.

(b) Date of occurrence Nov. 19

(c) Where did injury occur? Sarasota Jasper Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm home of daughter.

While at work? _____ (Specify type of place) (e) Means of injury. fall

23. Signature W. H. Kelbame (M. D. or other) D.O.

Address Sarasota Date signed Dec 20

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

SUPPLEMENTARY

38419