

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 457435

FILED JAN 14 1944

Registration District No. 99

Primary Registration District No. 4168

Registrar's No. 158

1. PLACE OF DEATH:
(a) County DEKALB
(b) City or town MAYSVILLE
(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 38 yrs. years, months or days)

3. (a) PRINT FULL NAME GEORGE ABRAHAM BRISSEY
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 2
6. (b) Name of husband or wife MARIE BRISSEY 6. (c) Age of husband or wife if alive 8 years (Month) (Day) (Year)
7. Birth date of deceased Nov 8 - 1864

8. AGE: Years 79 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business
12. Name BENJ. F. BRISSEY
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name MARY SWEARINGEN
15. Birthplace Unknown (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Turner
(b) Address Maysville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Maysville Cemetery
18. (a) Signature of informant Jessie Turner
(b) Address Maysville Mo
19. (a) 12-15-43 (Date received local registrar) (b) Wm. D. O'Quigley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County DEKALB
(c) City or town MAYSVILLE (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 DEC day 7 year 1943 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 11, 1942 to Dec 7, 1943
that I last saw him alive on Dec 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 17 mo

Due to
Due to

Other conditions arterio sclerosis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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)
(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) (or) Means of injury
23. Signature Wm. D. O'Quigley (D. or other)
Address Maysville Mo Date signed 12/18/43

1248 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 3960

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.