

FILED FEB 10 1944 8
Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1125 S. National
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMELouella Chipley Briggs

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John C. Briggs 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Aug. 31 1875
 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lucien N. Chipley

13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Unk. Dean

15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant John C. Briggs(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof Jan. 31 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park18. (a) Signature of funeral director H.H. Lohmeyer(b) Address Springfield, Mo.

19. (a) 1-31-44 (b) S. W. Handley
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. Unknown (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
 year 1944 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1941
 _____, 19 _____ to 1/29/44, 19 _____

that I last saw her alive on 1/25/44, 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Duration ?

Due to I do not know. She had it before I first saw her.

Bilateral paralysis.

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

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) _____

(b) Date of occurrence _____

44 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 H. B. Lemmon (M. D. or other) M. D.Address Sp. Ed., Mo. Date signed 1/31/44

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 *Keith Collier*

Licensed Embalmer No. *3632*

P. O. Address *Springfield, 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.

X