

FILED MAR 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 66

1. PLACE OF DEATH:
 (a) County Pettis Co Sedalia Mo.
 (b) City or town Sedalia Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 twenty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. Pettis 80
 (b) County Sedalia Mo. 5
 (c) City or town Rual Rout Sedalia Mo. 5
 (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 1

3. (a) PRINT FULL NAME James Danial Briggs
 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or W race 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Sadie Briggs 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased July 14 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 58 7 2 hr. min.

9. Birthplace Henry Co Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Minister & Farmer

12. Name William Briggs

13. Birthplace Henry Co. Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Laura E. Gray

15. Birthplace Henry Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Sadie Briggs

(b) Address Rout 3 Sedalia Mo.

17. (a) Burial (b) Date thereof 2-18-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) 2-17-44 (b) Mrs Anna Berger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 year 1944 hour 4 pm minute M.
 21. I hereby certify that I attended the deceased from 14 1944 to 2/16 1944
 that I last saw him alive on 2/16 and that death occurred on the date and hour stated above.

Immediate cause of death: meningitis Duration 5 da.

Due to: Suffering infectious of middle ear. 1 MO
 Due to: chronic ear infection of

Other conditions: (Include pregnancy within month of death)
 Major findings: Culture of fluid Of operation: Streptococcus
 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 _____

(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 O.P. Dyer (M. D. or other)

Address Sedalia Mo Date signed 2/17/44

1022

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

20
6
4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-7-44

SEP 4 1945

MAY 26 1949

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

B. J. Barker

Licensed Embalmer No. 1592

P.O. Address La Monte, 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.