

S. No. 2
 DM-542
 v. 5-17-39
 X32873

14334

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 10 1944
 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 131

Registration District No. 53 Primary Registration District No. 3010

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Southeast Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community 56 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 311 N. Ellis
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT Warren S. Britton
 FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 10, 1887
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>1</u>	hr. _____ min.

9. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Cook and Houseman

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. R. Britton
 13. Birthplace Brownsville, Pa. (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Kenney
 15. Birthplace Zanesville, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Duvall
 (b) Address 2702 N. Newstead, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1944 (Month) (Day) (Year)
 (c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks
 (b) Address Cape Girardeau, Mo.

19. (a) 4-15-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 11 year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 10 to March 11, 1944, that I last saw him alive on 4/10 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease
Myocardial Infarction
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____
 Of autopsy _____

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 F. H. Phelps (M. D. or other) _____
 Address Cape Girardeau, Mo. Date signed 4/12/44

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8 1948 JUL

Death Officer No. 4
District File Number 544-377
Date Filed 5-8-44

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..... *Frank Sparks*

Licensed Embalmer No. 3455

P. O. Address *Cop. Grandview me*

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.