

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35112
State File No. _____
Registrar's No. 70

Registration District No. 297

Primary Registration District No. 3057

1. PLACE OF DEATH: Ray
(a) County _____
(b) City or town Richmond, Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community All Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Mo. Ray 89
(a) State _____ (b) County _____
(c) City or town Richmond, Mo.
(d) Street No. 327 Black Diamond
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Maude Amanda Briant
3. (b) If veteran, None name war _____
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 29 th. 15 P.
1944. year 4 hour _____ minute _____ M.

4. Sex Female 5. Color white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 8 th. 1882. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-3-44 to 10-29, 1944
that I last saw her alive on 10-29, 1944
and that death occurred on the date and hour stated above.

8. AGE: 61 Years 10 Months 21 Days If less than one day, _____ hr. _____ min.
9. Birthplace Ray Co. Mo. (City, town, or country) (State or foreign country)

Immediate cause of death Carcinoma of breast
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

10. Usual occupation House Keeper
11. Industry or business _____
12. Name David H. Briant
13. Birthplace Iowa.
14. Maiden name Mary Francis Campbell
15. Birthplace Missouri. (City, town, or county) (State or foreign country)

Major findings: Of operations _____
1. Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Briant
(b) Address Richmond, Mo.
17. (a) Burial (b) Date thereof 10-31-44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dockery, Mo.
18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.
19. (a) Nov 1, 1944 (b) Mrs. Charles Sheppard
(Date received local registrar) (Registrar's signature)

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? [Signature] (Specify type of place) (e) Means of injury _____
Signature [Signature] (M. D. or other) MD
Address Richmond, Mo. Date signed 10-31-44

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

NOV 24 1944

RECEIVED
District Office No. 8
District File No. 11-13-44
Date Filed

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 J.B. Brothers Funeral Home, Registered Apprentice No. 2001.

working under my personal supervision.

Signed J.B. Brothers
Licensed Embalmer No. 2001
P. O. Address Richmond, 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.