

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Rural Rfd # 1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural H. No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirkville, Mo. Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD # 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day December
 year 1944 hour 3 minute P
 21. I hereby certify that I attended the deceased from Dec 1 - 44
 19 to Dec 26 19 44
 that I last saw her alive on Dec 26 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
 Duration
 Due to
 Due to 108
 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.

3. (a) PRINT FULL NAME Lena Frances Briddle

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 28 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Adair County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Theopholis Roberson

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

14. Maiden name Dollie Morton

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

16. (a) Informant Homer Briddle

(b) Address Kirkville, Mo.

17. (a) H Burial Creek (b) Date thereof 1/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Creek Union

18. (a) Signature of funeral director J. E. Kelly

(b) Address Kirkville, Mo.

19. (a) 1-5-45 (b) Mrs. R. Wagoner
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Form No. 10
2-45-228
FEB 1 1945

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..... *D. E. Riley*
Licensed Embalmer No..... *4181*
P. O. Address..... *Herkville 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.

Registration District No. 1

Primary Registration District No. 5000

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Benton twp
(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 years, months or days)

In this community _____

3. (a) PRINT FULL NAME Lena F. Briddle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased march 28 1886
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 10
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) D. J. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 April day 5
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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 _____

(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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

1562