

FILED JUN 7 1945

State File No. _____

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 60

PLACE OF DEATH:

(a) County Wentworth
(b) City or town Wesco
(c) Name of hospital or institution: Kolla Hospital, Kolla Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks 3 days
(Specify whether in hospital or institution)
In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wentworth
(c) City or town Wesco - Union July 28
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen or foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Albert Briney

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13th
year 1945 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 26, 1945, to May 13, 1945;
that I last saw him alive on May 13, 1945;
and that death occurred on the date and hour stated above.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

Immediate cause of death Cardiac insufficiency Duration _____

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

7. Birth date of deceased: (Month) 12 (Day) 22 (Year) 1884

8. AGE: Years 60 Months 4 Days 21 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

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

10. Usual occupation Farmer

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____

12. Name Wilson Briney

13. Birthplace Wesco Mo (City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

16. (a) Informant Everett Briney (b) Address Wesco Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof: 5-14-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Wesco Cemetery

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? _____

18. (a) Signature of funeral director Thomas V (b) Address Wesco Mo
19. (a) 5-14-1945 (b) Kolla (Date received local registrar) (Registrar's signature)

23. Signature Arthur H. Starke Address Kolla Mo Date signed 5/14/45

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

81
Full
60

Used same body

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 *L. J. Jones*
Registered Apprentice No. _____
working under my personal supervision.

Signed *L. J. Jones*
Licensed Embalmer No. *2379*
P. O. Address *Shelville M*

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.