

S. No. 2  
M-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 591

FILED JUN 10 1946

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6803 Mack  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether  
Lifetime (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME I. LAURA BRITTON

3. (b) If veteran, no name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife George W.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 26, 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	24	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Samuel Chappell

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

14. Maiden name Unknown

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

16. (a) Informant George Britton (Husband)

(b) Address 6803 Mack St., City

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5/22/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John B. Cruff

(b) Address 6054 Bryor Ave., City

19. (a) May 23, 1946 (b) J. H. Matlock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. Buchanan

(b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 6803 Mack  
(If outside city or town limits, write "RURAL")  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20<sup>th</sup>  
19<sup>th</sup> year 1946 hour 12:45 minute A.M.

21. I hereby certify that I attended the deceased from 12-19, 1945, to 5-20, 1946  
that I last saw her alive on 5-19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage	2 da
Coronary Occlusion	5 mo
Hypertensive arteriosclerotic cardio-vascular disease	?

Other conditions (Include pregnancy within 3 months of death)  
Cerebral hemorrhage Dec. 1945

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 J. H. Grant M.D.  
Address St. Joseph, Mo. Date filed 5-21-46  
(M. D. or other)

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**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, ~~and~~.....

..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*John E. Rupp*  
.....  
Licensed Embalmer No. *3986*  
.....  
P. O. Address *St. Joseph, 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.**