

S. No. 2
M-5-43
7. 5-17-39
I X36671

State File No.

FILED AUG 5 1946
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6640

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 27
 (c) City or town Cuba
(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 _____

3. (a) PRINT FULL NAME Minnie Britton

3. (b) If veteran, name war No 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 Edward Britton 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August 29 1909
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1946 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 17 1946 to July 28 1946
 that I last saw him alive on July 27 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration 11 days

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>10</u>	<u>29</u>	_____ hr. _____ min.

Due to hypertension
Jan. 1946, deceased had influenza
 Due a sulphur drug was administered
 which possibly caused a miscarriage.

Other conditions Myocarditis
(Include pregnancy within 3 months of death)
Pulmonary Infarct

Major findings:
 Of operations _____
 Of autopsy 930

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

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Charles Adams

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

14. Maiden name Odessa Upton

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

16. (a) Informant Edward Britton
 (b) Address Cuba, Missouri

17. (a) Burial (b) Date thereof 7-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Arc, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) JUL 29 1946 (b) J. F. Bradeck
(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? _____
(Specify type of place) (e) Means of injury

23. Signature H. M. Taylor (M. D. or other) _____
 Address _____ Date signed 7/29/46

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

25083

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 *John Agnoski*
Licensed Embalmer No. *3398*

P. O. Address.....

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.