

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
1 X38271

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

State File No. 27031  
Registrar's No. 3593

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson Co.  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hosp; #1 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN H BRIGGS  
3. (b) If veteran, name war No 3. (c) Social Security No. 4 97 -14 -0127

4. Sex Male ♂ 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive          years  
7. Birth date of deceased NOV. 21 1886  
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 29 27 If less than one day          hr.          min.

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

10. Usual occupation laborer

11. Industry or business odd jobs

12. Name Sanford J Briggs

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

14. Maiden name Martha A Letney

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

16. (a) Informant Mrs George Mungel

(b) Address 919 So Mill St. Kansas

17. (a) Recreational (b) Date thereof 8/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park R.E.K.

18. (a) Signature of funeral director Carl Rios  
(b) Address 1416 Minnow Ave.

19. (a) 5-20-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 801 East 14 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18  
year 1946 hour 1 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Aug. 7th, 1946, Aug. 18, 1946,  
that I last saw him alive on Aug 18, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism  
Due to Cerebral thrombosis  
Due to           
Other conditions           
(Include pregnancy within 3 months of death)  
Major findings: Of operations 83 b  
Of autopsy As above

Duration  
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           
Signature Wm W Hart (M. D. or other)           
Address General Hospital Date signed 8/18/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
25820

**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..... *O. H. Beckwith* .....

Licensed Embalmer No. *3937* .....

P. O. Address..... *Kans City Kans.* .....

**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.**