

FILED FEB 18 1947

Registration District No.

Primary Registration District No. 4201

Registrar's No. 5

39
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
F.R. Short home, Elm St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 70 years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Republic
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT

FULL NAME Lucy Ann Britain

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife John Wesley Britain 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased June (Month) (Day) (Year) 1857

8. AGE: Years Months Days If less than one day
89 8 5 1 hr. 30 min.

9. Birthplace Pulaski Co. Ky. Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

12. Name Marcellus C. Cox

13. Birthplace Pulaski Co. Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Susanna Hale

15. Birthplace Pulaski Co. Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bettie A. Britain

(b) Address Republic

17. (a) Burial (b) Date thereof 2/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wade Chapel Cemetery

18. (a) Signature of funeral director R.E. Thurman

(b) Address Republic Mo

19. (a) 2/12/47 (b) Glenn Britain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-6-
1947, to 2-11- 1947;
that I last saw him alive on 2-11- 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Sclerosis arterial
Due to.....

Due to senility

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) (a) Means of injury.....

23. Signature A. Brubaker (M.D. or other) Mo

Address Republic Mo Date signed 2-12-47

City Health Office,
County File Number 47-2-22
Date Filed 2-17-47

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.....

Ellis M. P. P. P., Registered Apprentice No. 3689
working under my personal supervision.

Signed Ellis M. P. P. P.

Licensed Embalmer No. 505

P. O. Address Republic 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.