

No. 2
M-5-43
v. 5-17-39
p. 1 X36671

FILED MAR 28 1948
Registration District No. 128

Primary Registration District No. 200

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

1. PLACE OF DEATH: **GREENE**

(a) County Greene

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

(c) Name of hospital or institution:
St. John's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John C. Briggs

3. (b) If veteran, name war No

3. (c) Social Security No. 702-03-4690

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Luella C. Briggs

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

7. Birth date of deceased Jan. 7 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 1 25 hr. min.

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

10. Usual occupation Retired Travelling Auditor

11. Industry or business Frisco R.R.

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(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 L. Marlin Briggs

(b) Address Hollywood, Calif.

17. (a) Burial (b) Date thereof 3/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Herman H. Lonmeyer

(b) Address Springfield, Missouri

19. (a) 3-3-47 (b) W. S. Handley md
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. Missouri Hotel
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1947 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from 2-26-47 to 3-2-47
that I last saw him alive on 3-1-47
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent nephritis 5 yr.

Due to _____

Due to _____

Other conditions Hypertension 3 yr.
(Include pregnancy within 6 months of death)

Major findings: 131B

Of operations _____

Of autopsy _____

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?

White at work? _____ (Specify type of place)

(c) Means of injury MI

23. Signature W. S. Handley md (M. D. or other) MD

Address Springfield Mo Date signed 3-3-47

1947

MINN

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.....

James B. Laughlin....., Registered Apprentice No. *466*
working under my personal supervision.

Signed *Paul J. [Signature]*

Licensed Embalmer No. *2457*

P. O. Address *[Signature]*

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.