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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 14 1947
 Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8935
 Registrar's No. 1535

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4821 CHELSEA STREET 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 42 YEARS
 years, months or days)

3. (a) PRINT FULL NAME MR BENJAMIN L BRIGGS
 3. (b) If veteran, name war No
 3. (c) Social Security No. 496-09-2263

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS GRACE L BRIGGS
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased JULY 31 1881
 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 21
 If less than one day _____ hr. _____ min.

9. Birthplace FAOLEVILLE MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business KANSAS CITY STAR

12. Name LAMBERT A BRIGGS

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

14. Maiden name JENNIE R REEVES

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

16. (a) Informant MRS GRACE BRIGGS

(b) Address 4821 CHELSEA STREET

17. (a) BURIAL (b) Date thereof APRIL 4 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLYTHE DALE MISSOURI

18. (a) Signature of funeral director D. H. Newcomer, Iowa

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 4-3-47 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4821 CHELSEA STREET
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2ND
 year 1947 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-15-46
 _____, 19____, to Apr. 2nd. 19____
 that I last saw him alive on me. _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death...
Esophageal carcinoma
stomach
 Duration 6 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 40+

Major findings: Of operations _____

Of autopsy _____

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 8

23. Signature John O. Penman (M. D. or other)
 Address 1402 Bryant Hill Date signed 4-2-47

Burgess Bell

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *K. C. 3 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.