

Primary Registration District No. 4/07

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDEAR 20
(c) City or town ARROWDORADO SPRINGS
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1947 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Mar
17th, 1947, to Apr 3, 1947
that I last saw him alive on Mar. 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy _____ which death should be

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) at home
 - (c) Means of injury falling from a ladder

23. Signature [Signature] (M. D. or other) DE

Address El Dorado Hwy 141 Date signed 4-5-

4. Sample 0 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MRS STELLA BRINLEY 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Feb. 12 1886
(Month) (Day) (Year)

8. AGE: 65 Years 1 Months 21 Days If less than one day
hr. 1 min

9. Birthplace _____
(City, town, or county) _____ (State or foreign country) Indiana

10. Usual occupation. MINISTER

11. - Industry or business _____

12. Name Lee K. Bruley 9

FAT 13. Birthplace ✓ K P O W N

(14. Maiden name. ANN LATIG)

15. Birthplace: UNKNOWN

MA (City, town, or county) (State or foreign country)

16. (b) Informant: *[Signature]*

RUBID 4-6-77

* (Burial, cremation, or removal) 19 (Month) (Day) (Year)

(c) Place: burial or cremation in ocean

18. (a) Signature of funeral director [Signature]

(b) Address 1115 13th St NW

19. (b) 7/1/81 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signature

Floyd E. Carathus

Licensed Embalmer No.

4419

P. O. Address

Edwards Springs

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. may
Registrar's No. 24

Registration District No. 61

Primary Registration District No. 4107

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

David E. Briley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 12 (Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 3
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

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