

No. 2  
12-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. **16945**

FILED JUN 14 1947

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County **Cooper**

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

(c) Name of hospital or institution:  
**At Home, 104 W. Water St.**  
(If not in hospital or institution, write street number or location)

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

In this community **All of life.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **27**

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

(d) Street No. **104 W. Water St.**  
(If rural, give location) **0**

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Daisy Brizendine**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**  
year **1947** hour **3** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **May 1, 1947** to **May 17, 1947**  
that I last saw him alive on **May 1, 1947**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Homer Brizendine**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **January 30 1910**  
(Month) (Day) (Year)

Immediate cause of death **Tuberculosis, Chronic Pulmonary**  
Duration **1 yr. 5**

8. AGE:	Years	Months	Days	If less than one day
	<b>37</b>	<b>3</b>	<b>37</b>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation **Housewife.**

11. Industry or business **At home**

Major findings: Of operations **B D**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Charles' Schirlls.** **0**

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

14. Maiden name **Nannie Bladsco**

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

16. (a) Informant **Charles Schirlls.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **May 30 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Lamine Cem.**

18. (a) Signature of funeral director **Goodman & Boller.**

(b) Address **Boonville, Mo.**

19. (a) **5-19-47** (b) **D. Cooper**  
(Date received local registrar) (Registrar's signature)

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 **W. E. Stone** (M. D. or other) **4 12**

Address **Boonville, Mo.** Date signed **5-19-47**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-13-41

10 24

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

*Wm. W. Wood*

Registered Apprentice No. *480*

working under my personal supervision.

Signed

*W. H. Goodman*

Licensed Embalmer No. *1198*

P. O. Address *Boonville, 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.