

FILED MAY 29 1947

Registration District No. _____

Primary Registration District No. 461574

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Greenfield mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 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 life long years, months or days

3. (a) PRINT FULL NAME Florence Henrietta Briscoe

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas Lindsay Briscoe 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased May 13 1861 (Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business

12. Name Johnson White
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Martha Jane Guthrie
15. Birthplace Franklin Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Briscoe Allen
(b) Address Greenfield mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield mo

18. (a) Signature of funeral director W. B. Allison
(b) Address Greenfield mo
19. (a) 5-12-47 (Date received local registrar) (b) Rev. L. Weir (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Madison 29
(c) City or town Greenfield mo (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 5-5-47 1947 to 5-11 1947 that I last saw her alive on 5-10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) (e) Means of injury 3

23. Signature St. O. Cowan (M. D. or other) _____
Address Greenfield mo Date signed 5-12-47

RECEIVED

District Health Officer No. 6;

District File Number 547-545-

Date Filed MAY 22 1947

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, only.

..... Registered Apprentice No.
working under my personal supervision.

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, 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.