

FILED OCT 27 1947

State File No.

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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 63 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 1800 Mill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BASHA ELIA BRILEY

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles T. Briley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Preston Atterberry
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Haggard
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flossie Whitchurch
(b) Address Lamar, Missouri, 1800 Mill
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery
18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) OCT 16 1947 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1947 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct. 8
2, 1947, to Oct. 14, 1947
that I last saw h. et. alive on Oct. 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____
Due to old age 10 days

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

Major findings: Of operations _____
Of autopsy _____
ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION REQUESTED (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) (c) Means of injury _____

23. Signature J. Guldner (M. D. or other) _____
Address Lamar Date signed 10. 14-47

RECEIVED

District Health Officer No. 6;

District File Number 1047-1101

Date Filed OCT 25 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, or by.....

Frank W. Denton

Registered Apprentice No. 7

working under my personal supervision.

Signed.....

Carl J. Konantz

Licensed Embalmer No. 2247

P. O. Address..... Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1102

Registration District No. 10

Primary Registration District No. 3034

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Samar
(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 (Specify whether _____)

3. (a) PRINT FULL NAME

Basha E. Briley

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 wid

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

7. Birth date of deceased April 27 1923
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days _____ (Unless than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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 _____
(Burial, cremation, or removal) (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 _____ Year 1927 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 _____

lobar pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Dr. Gueden (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

33636