. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44303

FILED JAN 19 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 273

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1039 River St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1039 River St. 3
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH N. BRIGHTON
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Johnson Brighton
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased July (Month) 19 (Day) 1858 (Year)

8. AGE: Years 89 Months 5 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Jay County (City, town, or county) Indiana (State or foreign country) 1
10. Usual occupation retired laborer
11. Industry or business Hercules Powder Co.
FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. Frank Howell.
(b) Address 1039 River, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 30, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Goss Cem, Phelps, Mo.
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 12-30-1947 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 13 by 47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1947 hour 6:30 minute p M.
21. I hereby certify that I attended the deceased from 12-24-46, 19..., to 12-27, 1947, that I last saw him alive on 12-27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	unknown
Due to Generalized Arteriosclerosis and Hypertrophy of Prostate	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) M.D.
Address Carthage Mo Date signed 12-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1039

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.