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

DEPARTMENT OF [illegible]
BUREAU OF THE [illegible]
FILED FEB 11 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3700

State File No. .....

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105

(c) City or town Milan 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME FRANKIE ELIZABETH BRICE

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

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

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. W. Brice

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

7. Birth date of deceased Feb (Month) 28 (Day) 1861 (Year)

8. AGE: Years 86 Months 10 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Sullivan (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name David Henry
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Spellman
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Ola Hill
(b) Address Milan, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood

18. (a) Signature of funeral director Liggen & Son
(b) Address Milan Mo

19. (a) Feb. 4-1948 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1948 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov. 28, 1947, to Jan 7, 1948
that I last saw h is alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably rupture of aorta from carcinoma arising in region of left lobe of liver — Duration sudden death.

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

46F

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature J. S. Montgomery (M. D. or other)

Address J. S. Montgomery Milan Mo Designed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District Filing 2:48:252
Date Filed FEB -9 1948

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.....

Licensed Embalmer No. 3992

P. O. Address Milan Mo.

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

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

TAKE TO

DICKSON & SCHOENE

The Rexall Store

HONE 32 MILAN, MISSOURI

AME ..... DATE 1-14-48

DDRESS ..... CITY ..... STATE .....

R A hard, painless, slightly irreg. mass was felt in epigastric region, extending to left of mid line and as low as umbilicus, and apparently ~~concreting~~ continuous with left lobe of liver.

Death was sudden, after exertion and about a gallon of bloody fluid was found by aspiration by undertaker, who was not sure of where it came from.

Rupture of aorta from malignancy seems the most probable thing to me.

S. NO. ..... J. S. Montgomery M. D.

DRESS ..... CITY ..... STATE .....

1948

S-3700