No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 11448

Registrar's No. 40

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 211 Ft. Scott 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: —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 211 Ft. Scott St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ANNie R. Briden
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: W
6. (b) Name of husband or wife: Martin Briden
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 20 If less than one day — hr. — min.

9. Birthplace: Bates Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Frederick Cobb
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Harriett Wright
15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Hallie Thurpen
(b) Address: Butler, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oaklill Cem.
18. (a) Signature of funeral director: Culvey-Underwood
(b) Address: Butler Mo.
19. (a) 4-7-48 (Date received local registrar) (b) Kendall Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1948 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from Nov 10, 1947 to April 2, 1948 that I last saw her alive on April 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration
Due to: Chronic interstitial Nephritis
Due to: Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: 13/14

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? —
While at work? — (Specify type of place) (e) Means of injury:

23. Signature: Geo. A. Lush (M. D.)
Address: Butler Mo. Date signed 4/6/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-48-507
Date Filed 5-12-48

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 Robert L. Steinbeck Registered Apprentice No. 200 working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.