

No. 2
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-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13295
Registrar's No. 4

FILED APR 21 1948

Registration District No. 194 Primary Registration District No. 5711

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Rural Elkhorn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Yrs
years, months or days

3. (a) PRINT FULL NAME Rebecca Emiline Briscoe
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Geo. Briscoe 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased February 6 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 7 hr. min.

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

10. Usual occupation Housewife
n fl.

11. Industry or business _____

12. Name Thomas West

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

14. Maiden name Jane Stanley

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Hershel Briscoe

(b) Address Baxter Springs Kans.

17. (a) Burial (b) Date thereof 1-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director Wm Morris Page

(b) Address Wheaton, Mo.

19. (a) April 14, 1948 (b) O. E. Plummer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Stella, Mo. R#
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1948 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 1 - 1948 to Jan 12 - 1948
that I last saw him alive on Jan 12 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & Stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy H&B

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? _____

23. Signature Carroll (M. D. or other)
Address Stella Mo Date signed 1/15/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Wm Morris Pope

Licensed Embalmer No. 34429

P. O. Address Weston, 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.