S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15828

Registration District No. 77 Primary Registration District No. 5330. Registrar's No. 20

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Rural (Osage Township)
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2707A Forest 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Woodrow Wilson Britton
3. (b) If veteran, name war World War 11
3. (c) Social Security No. 498-07-6134
4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Adele
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased December (Month) 11, (Day) 1918 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	4	20	hr. min.

9. Birthplace Davisville, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation meat checker
11. Industry or business
FATHER
12. Name James B. Britton
13. Birthplace Crawford Co., (City, town, or county) Missouri. 0 (State or foreign country)
MOTHER
14. Maiden name Ella Worley
15. Birthplace Crawford Co., (City, town, or county) Missouri. 0 (State or foreign country)
16. (a) Informant Claud Britton,
(b) Address 3853 Olive, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Czar Cemetery
18. (a) Signature of funeral director Thomas S. Halbert
(b) Address Steelville, Missouri.
19. (a) May 15th (Date received local registrar) (b) Elsie Hanson (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1948 hour 11 minute 30 p M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound inflicted by Rainey Britton (Coroner's jury verdict)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 166

Duration

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) Homicide
(b) Date of occurrence May 1, 1948
(c) Where did injury occur? Crawford Co., Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury revolver
23. Signature Harry M. Jones B. Coroner (M. D. or other)
Address Steelville, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-17-48
District Health Officer No. 5,
District File Number 548322
Date Filed 5-25-48

MAY 27 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 Thomas L. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri.

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.