

FILED SEP 7 1948

State File No. _____

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Cassville
 (If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution: Barry County Hospital
 (If not hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community Life Specify whether years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Carroll
 (c) City or town Berryville
 (If outside city or town limits, write "RURAL.")
 (d) Street No. Rt # 2 3 mi. west
 (If rural, give location) Berryville
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Baby Boy Brittain
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 20, 1948
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3
 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Jack Brittain
 13. Birthplace Mineral Wells, Texas
 (City, town, or county) (State or foreign country)
 14. Maiden name Roberta Meyer
 15. Birthplace Perry, Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Jack Brittain
 (b) Address Rt # 2 Berryville, Arkansas

17. (a) Removal (b) Date thereof 8/23/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berryville, Arkansas

18. (c) Signature of funeral director Red Nelson

(b) Address Berryville, Arkansas

19. (a) Aug 23 - 48 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
 year 1948 hour 10:27 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Duration 3 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) no

Major findings: Of operations no
 Of autopsy _____

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? _____

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

23. Signature Grace Williams (M. D. or other) _____

Address Cassville, Mo Date signed _____

RECEIVED

District Health Officer No. 6,
District File Number 948-993
Date Filed SEP 3 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. 3857

P. O. Address Berryville, Ark

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

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