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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33745

Registration District No. 220

Primary Registration District No. 4431

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Dixon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire Lifetime  
years, months or days

3. (a) PRINT FULL NAME Horace Greely Brittain

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Brittain 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased 8 27 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 1 23 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name James Brittain  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Ballard  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Horace G. Brittain  
(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 10/24/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 10-21-48 (b) Thelma C. Buckner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 957  
(c) City or town Dixon 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20  
year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from July 20 1948 to October 19 1948  
that I last saw him alive on October 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure, mitral stenosis,

Duration

1 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions pulmonary oedema 1 day  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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:

(c) 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)  
(c) Means of injury D.O.  
23. Signature Conley (M. D. or other)  
Address Dixon, Mo. Date signed 10/25/48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....10/20/1948....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Maurice E. Schierbaum  
Licensed Embalmer No. 4505

P. O. Address.....Dixon, 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.