

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35083

FILLED NOV 25 1941

Registration District No. 347

Primary Registration District No. 5501A

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reesville Lungs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Briggs

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Wm Briggs 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 3 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days _____ If less than one day hr. _____ min.

9. Birthplace Pibble Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Gray

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

14. Maiden name Emily Campbell

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

16. (a) Informant Jess Briggs

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 11 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tels

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo.

19. (a) 11-5-41 (b) Dr G R Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. Tightwad rural route
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 1941 hour 6:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from 6-20 1941, to 11-3 1941
that I last saw her alive on 10-31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Due to Cardio-Vascular-Renal disease

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

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) _____
(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 0

23. Signature Ed C. Peeler M.D. (M. D. or other) _____
Address Clinton Mo Date signed 11/5/41

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1926

Date Filed 11-24-41

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.....

P. O. Address.....

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.