

No. 300-
-10-47
-5-17-39
P 1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36265

State File No. _____

FILED DEC 7 1948

Registration District No. 737

Primary Registration District No. 3023

Registrar's No. 240

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: 613 E Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 11 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 613 E Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert W Briggs

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosa Briggs 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased: 6 (Month) 23 (Day) 1875 (Year)

8. AGE: Years 73 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Johnson Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Briggs

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

14. Maiden name Mary Moore

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

16. (a) Informant Mrs Rose Briggs

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Teays Chapel

18. (a) Signature of funeral director Sickman - Dunning

(b) Address Clinton Mo

19. (a) 11-28-48 (b) R. P. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 29 1945 to Nov 26 1948
that I last saw him alive on Nov 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 15 Mo.
Due to Atherosclerosis about 5 years

Due to _____
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: myeloid
Of operations: _____
Of autopsy: yes

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) No

(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? 1
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature S. B. Hughes (M. D. or other) M.D.

Address Clinton, Mo Date signed 11/29/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 11-48-1409

Date Filed 12-6-48

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.....

Robert L. Dunning

Registered Apprentice No. 3682

working under my personal supervision.

Signed.....

J. R. Housey

Licensed Embalmer No. 3682

P. O. Address..... Calhoun 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.