

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3224

State File No. _____

Registration District No. 477

Primary Registration District No. 200

Registrar's No. 04

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Ewing (Rural)
(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 82 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Ewing (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Samuel Briscoe

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 28 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Meril E. Briscoe
13. Birthplace unknown
14. Maiden name Mary F. Leisher
15. Birthplace unknown

16. (a) Informant Iola Wiley
(b) Address Ewing, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Olivet

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo.

19. (a) Jan. 13 '41 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1941 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 8th
one day 1941 to Jan 10th 1941
that I last saw him alive on Jan 10th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Degenerative

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Acute W. table 20
Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? none (Specify type of place) (e) Means of injury none
23. Signature Guypole D.D. (M.-D. or other) 2
Address Ewing Date signed 1/10/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

56
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-71-271

Date Filed FEB 13 1944

1-01-28
2-2-2501
2-1-1-1461

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 Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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, above space should be left blank.