

APR 10 1941 467
Registration District No. _____

Primary Registration District No. 4280

Registrar's No. 18

1. PLACE OF DEATH: *Laurens*
 (a) County *Laurens*
 (b) City or town *Aurora*
 (c) Name of hospital or institution: *103 E. Delta*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *None*
 (Specify whether
 In this community *Unknown* years, months or days)

3. (a) PRINT FULL NAME *Etha I. Britton*
 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 *Henry Britton* 6. (c) Age of husband or wife if alive *Unknown*
 7. Birth date of deceased *Dec. 28 - 1875*
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <i>65</i> | <i>2</i> | <i>27</i> | hr. min. |

9. Birthplace *Greene County, Mo.*
 (City, town, or county) (State or foreign country)

10. Usual occupation *House Wife*

11. Industry or business *at home*

12. Name *James Hayes*

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

14. Maiden name *Rebecca Wood*

15. Birthplace *Greene County, Mo.*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Henry Britton*

(b) Address *Aurora Mo.*

17. (a) *Burial* (b) Date thereof *3/26/41*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Wade Chapel*

18. (a) Signature of funeral director *Pres. J. Marshall*

(b) Address *229 W. Church St. Aurora Mo.*

19. (a) *4/1/41* (b) *R. D. Cowan, M.D.*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *Laurens*
 (c) City or town *Aurora* 55
 (If outside city or town limits, write "RURAL")
 (d) Street No. *103 E. Delta* 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *25th*
 year *1941* hour *9* minute *30* P.M.

21. I hereby certify that I attended the deceased from *Jan 18* 1941 to *Feb 25* 1941;
 that I last saw her alive on *Feb 24* 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death *Pulmonary Tuberculosis*
 Duration *unk known*

Due to _____
 Due to _____
 Other conditions _____
 (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:
 (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 *J. Paul Smith* (M. D. or other) _____
 Address *124 W. Pleasant Aurora Mo.* Date signed *3/25/41*

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6

District File Number 441-580

APR 9-1947

Date Filed -----

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.....

Myself or Janet Kipper

Registered Apprentice No. 143

working under my personal supervision.

Signed..... *Osman L. Marsh*

Licensed Embalmer No. 5812

P. O. Address Sumner 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.