

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 3 1942
Registration District No. 3 4028

Primary Registration District No. 4281

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville,
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
In this community 2 years, 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME David Wesley Britton

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 Kathrina B. Britton 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 19, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Hopedale Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Methodist Minister

11. Industry or business _____

12. Name David Wesley Britton
13. Birthplace Not known Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Hitt,
15. Birthplace not known Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kathrina B. Britton
(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof Feb. 13, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Loof Cem. Marionville

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.

19. (a) 2-12-42 (b) Lumina Thorne by R.M.L.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th year 1942 hour 7 am minute _____ M.

21. I hereby certify that I attended the deceased from Dec 10/42 to Jan 15/42; that I last saw him alive on Feb. 5th 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion acute
Due to arteriosclerosis and hypertension
Duration not known

Other conditions (Include pregnancy within 3 months of death) 942

Major findings: Of operations _____ Of autopsy none
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 R. P. Doney (M. D. or other) _____
Address Marionville, Mo. Date signed 2/14/42

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

Rev. 5-17-39
11 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED .

District Health Officer No: 6,

District File Number 342-314

Date Filed MAR 11 1942

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.