

S. No. 2
M-9-4-41
ev. 5-17-39
I X29464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7371

FILED MAR 9 1942
Registration District No. 164/5

Primary Registration District No. 5910

Registrar's No. 4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
73
000
Vancouver

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Shoal Creek Township
(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: 6 months hospital or institution (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Route 2, Joplin Mo; 0
(If outside city or town limits, write "RURAL.")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Bertel Lee Briggs.
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb., day 25, 1942.
year. hour 5.30 P.M. minute 0

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife emma Briggs 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased June 9, 1883.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 25 1942 to Feb 25 1942.
that I last saw him alive on Feb 25 1942.
and that death occurred on the date and hour stated above.

8. AGE: 58 Years 8 Months 17 Days If less than one day
hr. min.

Immediate cause of death Tuberc Pneumonia Duration 3 days
Due to 108

9. Birthplace Elk City Kansas.
(City, town, or county) (State or foreign country)

Other conditions Myocarditis 2 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation Showman
11. Industry or business

Major findings:
Of operations
Of autopsy ✓
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Briggs
13. Birthplace no record
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Hewitt
15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Briggs
(b) Address Route 2, Joplin Mo;

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?

17. (a) (Burial, cremation, or removal) (b) Date thereof MARCH 3-42
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK Hurlbut Und. Co
(d) Signature of funeral director Joplin Mo;
(e) Address Joplin Mo;
(f) Date signed 2-27-42

18. (a) Signature of funeral director Joplin Mo;
(b) Address Joplin Mo;
19. (a) 3-3-42 (Date received local registrar) (b) Nary Koch (Registrar's signature)

23. Signature Joplin Mo; (c) Date signed 2-27-42
Address Joplin Mo;

1184 (Licensed Embalmer's Statement on Reverse Side)

MAR 6 1958

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 *Steve D. Parker*
Licensed Embalmer No. *2348*
P. O. Address *Poplar*

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.