

Registration District No. 8-23381

Primary Registration District No. -1-122,6182

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Browning  
(c) Name of hospital or institution Twp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Sullivan  
(c) City or town Browning, Pleasant Hill, Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Jessie Margaret Britton

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. none

20. DATE OF DEATH: Month Aug. day 9 year 1942 hour 8 minute 30 a. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
7. Birth date of deceased December 25, 1869 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 1936 to Aug. 1942 that I last saw him or her alive on July 10 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 7 Days 14 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs

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

Due to Hypertension 6 years

10. Usual occupation at home on farm

Other conditions 83a! (Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business

12. Name Ephraim Hart Wines  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Christian Bailey  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

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

16. (a) Informant Chas. L. Britton

22. If death was due to external causes, fill in the following:

(b) Address Browning Mo.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Cremation (b) Date thereof Aug 11, 1942 (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Wt Zion Luth. Milan

Whose did injury occur? \_\_\_\_\_ (City or town) (County) (State)

18. (a) Signature of funeral director Adolphus (b) Address Milan (Frank S.)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

19. (a) Sept 5, 1942 (b) Mrs. L. O. Green (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. ... (M. D. or other) \_\_\_\_\_  
Address Browning Date signed 9/10/42

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

005

RECEIVED

District Health Officer No. 10

Case File Number

9-42-1740

Date Filed

SEP 10 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

*Franked Schoen*

Licensed Embalmer No.

2066

P. O. Address

*Milan, Va*

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.