

ED MAR 11 1943

State File No. _____

Registration District No. 2 2 3

Primary Registration District No. 6089

Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Mt. Leonard, Mo. #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elmwood Inn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 2 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Mt. Leonard, Mo. #1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME VIOLA LUCILLA BRIGGS

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

4. Sex Female / race Wh. 5. Color or hair _____

6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife Harvey E. Briggs 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased June 11 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Mich. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John Byron Boston

13. Birthplace Mich. 1
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Reed

15. Birthplace Mich. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. H. Permas

(b) Address Mt. Leonard, Mo.

17. (a) Removal (b) Date thereof Mar. 4 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creedon, Mo.

18. (a) Signature of funeral director Campbell, Ben

(b) Address Market St. Mo.

19. (a) Mar. 4-43 (b) Mrs. Dora Hoffmann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1943 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar 1 1943 to Mar 1 1943 that I last saw her alive on Feb 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death arterial sclerosis eye

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 Hoffmann (M. D. or other) _____
Address Market St. Mo. Date signed 3/4/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-10-43

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 R.W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.