

FILED MAY 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15671

Registration District No. 316

Primary Registration District No. 3060

State File No. _____

Registrar's No. 8

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, give "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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington (If outside city or town limits, write "RURAL")
(d) Street No. 801 Dewey (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT A. BRITTEN

3. (b) If veteran, name war World War I 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 Lucie Britten 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug. 2 1897
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Farmington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Britten

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

14. Maiden name Athene Allen

15. Birthplace Stons Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beessie Britton
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof April 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Calvary Cem., Farmington

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Missouri

19. (a) 4-3-44 (b) D. J. H. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1944 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from 3-30 to March 31, 1944 that I last saw him alive on March 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Etc. Duration _____

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) (c) Means of injury _____

23. Signature D. H. Walling (M. D. or other) _____
Address Farmington, Mo. Date signed 4-3-44

1373

RECEIVED

District Health Officer No. 4
District File Number 444-3729
Date Filed 4-19-44

MAY 4 1944

MAY 2 1944

1944

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 Beal J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.