

FILED MAY 5 1944

Registration District No.

Primary Registration District No. 3071

State File No.

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Saline
(b) City or town State
(c) Name of hospital or institution:

(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 57 years (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Lula Lee Briggs

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

4. Sex Female 5. Color or hair White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 4 years

7. Birth date of deceased Aug-12-1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Bro & Montoney

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

14. Maiden name Susan (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Haly Hawkins

(b) Address State Mo

17. (a) Burial, cremation, or removal (b) Date thereof 5-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation State City Cemetery

18. (a) Signature of funeral director Mrs. J. J. Baker

(b) Address State Mo

19. (a) May 2-44 (Date received local registrar) (b) Mrs. John G. Gue (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town State 91
(If outside city or town limits, write "RURAL")

(d) Street No. 309 West High (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1944 hour 1:50 minute A.M.

21. I hereby certify that I attended the deceased from April 28 1944 to April 28 1944 that I last saw her alive on April 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion 1 1/2 hrs

Due to Coronary Sclerosis ?

Due to Generalized Atherosclerosis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations q/a

Of autopsy

Duration

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) (e) Means of injury.....

23. Signature O. A. M. Burney (M. D. or other)

Address State Mo Date signed 4/29/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-7-44

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.....

working under my personal supervision.

Registered Apprentice No. ✓

Signed.....

Joe Jones

Licensed Embalmer No. 3143

P. O. Address.....

Slater

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.