

FILED MAY 28 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 480

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
820 1/2 Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 820 1/2 Francis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Silas W. Briggs

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-10-4909

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 1 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 0 5 hr. 30 min.

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

10. Usual occupation Salesman

11. Industry or business Burch Biscuit Co.

12. Name Silas W. Briggs

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

14. Maiden name Mattie Denning

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

16. (a) Informant Daisy Briggs

(b) Address St Joseph

17. (a) Burial (b) Date thereof 5-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville Mo.

18. (a) Signature of funeral director Fleeman & son Inc

(b) Address St Joseph, Mo.

19. (a) 5/18/44 (b) Mrs. Helen P. Peck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 29,
1944 to May 2, 1944
that I last saw him alive on May 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchopneumonia, influenzal
Due to Heart Disease,
arteriosclerotic

Duration
a few
hrs.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 330
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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or R.N.)
Address St. Joseph, Mo. Date signed 5/2

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

1077

MAY 28 1944

MAY 26 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 Robert H. Yiple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.