

FILED JAN 14 1946

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
457 Cherry St.
(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 **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **457 Cherry St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN EDD BRITTIAN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife **Emma Brittan** 6. (c) Age of husband or wife if alive. **24** years
7. Birth date of deceased **July 24, 1859**
(Month) (Day) (Year)

8. AGE: Years **86** Months **5** Days **6** If less than one day hr. min.

9. Birthplace **Pulaski County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farm**

12. Name **Kib Brittan**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Missouri Hamilton**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R.L. Greasy**
(b) Address **Rich Hill, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 2, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **Fred C. Rhame**
(b) Address **Springfield, Mo.**

19. (a) **1-2-46** (b) **W. H. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **30th**
year **1945** hour **11:30PM** minute M.

21. I hereby certify that I attended the deceased from **December 29, 1945** to **December 30, 1945**
that I last saw him alive on **December 30, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **2 days**

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) (e) Means of injury

23. Signature **Kenneth C. Coffey** (M. D. or other M. D.)
Address **Springfield, Mo.** Date signed **12/31/45**

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

29
2
6

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.....

Ralph H. Linn
.....
Licensed Embalmer No. 3681

P. O. Address..... Springfield, 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.

X