

FILED OCT 27 1947
Registration District No. 228

Primary Registration District No. 2000

Registrar's No. 910

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 844 South Dollison Avenue 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH BRIGGS

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

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

6. (b) Name of husband or wife David H. Briggs, Jr.
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 25, 27 1925
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day
22 7 21 hr. min.

9. Birthplace La Grange Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary in Office of Dean of

11. Industry or business Southwest Missouri State College

12. Name Walter C. Ellis

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

14. Residen name Hallie (unknown)

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

1. Informant David H. Briggs, Jr., (husband)
Address 844 South Dollison Avenue

1. Burial (b) Date thereof 10/20/1947
(City, town, or county) (Month) (Day) (Year)

Place of burial or cremation Maple Park Cem.
Signature of funeral director Alma Lohmeyer, Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-22-47 (b) W. L. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18,
year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-2
1947 to 10-18 1947.
that I last saw her alive on 10-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage following strabismic nystagmus
Due to 7 B Pyelitis with Calculus
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: 170 B
Of operations _____
Of autopsy _____

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 0
23. Signature C. E. Feller (M. D. or other) _____
Address Springfield Mo. Date signed 10/20/47

MOTHER: FATHER: Can. Aug 27 1947

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

DEC 9 1947

OCT 31 1947

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.....

Lee Mason....., Registered Apprentice No. *477*
working under my personal supervision.

Signed *Jewell E. Windle*

Licensed Embalmer No. *2831*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Amendments containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri

State File No.

County of Greene

} ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 910

On this 10th day of November, 1947, before me appears David H. Briggs, Jr.

....., who, upon his oath, states that the original record of ~~birth~~ death
for Mary Elizabeth Briggs died ~~XXXX~~ October 18, 1947, in the State of
Missouri, and which was filed at Springfield on October 21, 1947, should be corrected as follows:

Item No. 7 should read February 27, 1925

Instead of February 25, 1925

Item No. 8 should read 22 years -- 7 Months -- 21 days

Instead of 22 years -- 7 Months -- 23 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant David H. Briggs, Jr. (Husband)
Relationship.

844 South Dollison Avenue
Present Address.

Subscribed and sworn to before me this 15th day of November, 1947.

My Commission expires July 28, 1950 Jewell E. Mudd Notary Public.

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