

FILED DEC 15 1947

Registration District No. **172**

Primary Registration District No. **4201**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Republic**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution: -----
(Specify whether
In this community **all of his life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Republic Mo.** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **East Elm** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **27** 5 **PM**
year **1947** hour **5** minute **30** p.m.
21. I hereby certify that I attended the deceased from **April 12 - 1946**
-----, 1946, to **11-28-1947** 1947;
that I last saw **him** alive on **11-28-1947** 19
and that death occurred on the date and hour stated above.

Immediate cause of death: -----
Due to **Carcinoma of the stomach**
Due to **do do do do**

Other conditions: -----
(Include pregnancy within 3 months of death)
Major findings: -----
Of operations: **46 B**
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?
----- (Specify type of place)
While at work? ----- (e) Means of injury -----
23. Signature: **P. B. Mitchell** (Name of physician or other)
Address: **Republic Mo** Date signed **12-24-47**

3. (a) PRINT FULL NAME **Edward Y Britain**
3. (b) If veteran, name war **No** 3. (c) Social Security No. -----

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Pettie** 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased **November 14 1888**
(Month) (Day) (Year)

8. AGE: Years **57** Months ----- Days **13** If less than one day ----- hr. ----- min.

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

10. Usual occupation **Barber**

11. Industry or business -----

MOTHER FATHER { 12. Name **James Britain** 0
13. Birthplace **Missouri** (City, town, or county) (State or foreign country) 0
14. Maiden name **Alice Rose** 0
15. Birthplace **Missouri** (City, town, or county) (State or foreign country) 0

16. (a) Informant **Pettie Britain**
(b) Address **Republic Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/30/47** (Month) (Day) (Year)
(c) Place: burial or cremation **Wade Chapel Cemetery**

18. (a) Signature of funeral director **R. E. Thurman**
(b) Address **Republic Mo**

19. (a) **Nov. 30 47** (Date received local registrar) (b) **Gloria Britains** (Registrar's signature) **102**

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

900

RECEIVED

Greene County Health Office,

County File Number 47-12-95

Date Filed 12-11-47

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.....

E. W. Thurman, Registered Apprentice No. 3687

working under my personal supervision.

Signed R. E. Thurman

Licensed Embalmer No. 503

P. O. Address Republic 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.