No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4110

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Fisk - Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ASH HILL Twp. 1 (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 Mo. (b) County Butler 12
(c) City or town Fisk. Rural (If outside city or town limits, write "RURAL")
(d) Street No. 3½ mw S.W. of Fisk (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William M. Brittingham
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name ~~of husband or~~ wife Mary Brittingham
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased December (Month) 17 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	14	hr. min.

9. Birthplace Pike Co. (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George Brittingham
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Gillihan
(b) Address 1327 Dearborn, Aurora Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Ash Hill Cemetery
18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark
19. (a) 2-7-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7 year 48 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from Nov 15, 1947, to Jan 7, 1948 that I last saw him alive on Jan 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hyperstatic Pneumonia	
Due to Injury	
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) Accident 12
(b) Date of occurrence Nov 15 1947
(c) Where did injury occur? Fisk (City or town) Butler (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. (Specify type of place)
While at work? (e) Means of injury Fall 2
23. Signature F B Skillings (M. D. or other) DO
Address Fisk, Mo Date signed 1/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-23
Date Filed 2-16-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.