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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED AUG 23 1948**  
Registration District No. 728

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

Primary Registration District No. 2000

Dr. Schwartz  
State File No. 25944  
Registrar's No. 692

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

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: St. John's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
In this community 1 Day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sanara Sue Briggs  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 6 1948  
(Month) (Day) (Year)

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

9. Birthplace Harrison Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business none

MOTHER FATHER  
12. Name Wayne Briggs  
13. Birthplace Waucoma Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Verdie J. Whitaker  
15. Birthplace Harrison Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Briggs  
(b) Address Harrison, Ark.

17. (a) Removal (b) Date thereof 8-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Harrison, Ark.

18. (a) Signature of funeral director Herman H. Lohmeyer  
(b) Address Springfield, Missouri

19. (a) 6-20-48 (b) W.E. Haudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Arkansas (b) County Boone  
(c) City or town Harrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August, day 20  
year 1948 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 8-19-48, 19\_\_\_\_, to 8-20-48, 19\_\_\_\_;  
that I last saw her alive on 8-20-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital duodenal atresia & who  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Same as 7M  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature E.O. Schwartz (M. D. or other) \_\_\_\_\_  
Address 200 E. Pl. Spring Springfield Date signed 8-20-48

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**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.

**This body was not embalmed.**

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.**