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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39572

State File No. \_\_\_\_\_

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1579

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City

(c) Name of hospital or institution Trinity Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether In this community 5 days years, months or days)

3. (a) PRINT FULL NAME NATHAN BRILES

3. (b) If veteran, name war World War 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 Edna C. 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 7, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Cross Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business self

12. Name Christopher Columbus Briles

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

14. Maiden name Sarah Elizabeth Wells

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

16. (a) Informant Mrs. Nathan Briles

(b) Address Harrisonville Mo.

17. (a) burial (b) Date thereof 12-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo.

18. (a) Signature of funeral director W. M. Brown

(b) Address Harrisonville Mo.

19. (a) 12-10-42 (b) W. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville  
(If outside city or town limits, write "RURAL")

(d) Street No. 307 Green  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1942 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec-5-1942 to Dec 9, 1942 that I last saw him alive on Dec 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death 1-Hemorrhage into an old Brain cyst.

Due to Cyst. Probable cause Harrisonville 8 days

Due to 56

Other conditions (include pregnancy within 3 months of death) i

Major findings: Of operations \_\_\_\_\_

Of autopsy yes

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 W. M. Brown (M. D. or other)

Address Trinity Hospital Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-10-1942

APR 28 1943

JAN 29 1943  
JAN 19 1943

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 Ernest R. Cunningham

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.