

No. 2
-2-43
5-17-39

1 X35657

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33725

State File No. _____

FILED DEC 8 1943

Primary Registration District No. 4335

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James David Briscoe
(b) If veteran, name war None
(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 Florence Dale Briscoe
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased March 8th 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 15 hr. min.

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name Andrew Briscoe
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Rhoda Helen Mc Carty
15. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant T. D. Briscoe
(b) Address Tipton, Mo.
17. (a) Burial (b) Date thereof 11/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery, Tipton

18. (a) Signature of funeral director Janice E. Richards
(b) Address Tipton, Mo.

19. (a) Nov. 24/43 (b) Mrs. Leo Engstrom
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No. No numbers (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 23rd
year 1943 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from Nov
1941 to Nov. 20 1943
that I last saw him alive on Nov. 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis
Due to Senility

Due to _____
Other conditions 97
(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) _____
(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 J. F. Potts (M. D. or other) _____
Address Tipton Mo Date signed 11-23-43

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.