

S. No. 2  
1-3-43  
5-17-39  
X3782

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27164

FILED AUG 25 1947  
Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 124

1. PLACE OF DEATH:

(a) County COOPEY  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: PAVENSWAY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 DAYS  
(Specify whether  
In this community 60 yr.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU  
(c) City or town PULASKI  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR UPPUS MO  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY L. BRIZENDINE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AGNES BRIZENDINE 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 12-4-1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation FRYING

11. Industry or business \_\_\_\_\_

12. Name JOEL BRIZENDINE

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

14. Maiden name NANCY EPPS

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

16. (a) Informant Frances E. Crawford  
(b) Address 516 E. Morrow, Marshall, Mo

17. (a) REMOVABLE (b) Date thereof 8-5-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ZION CEM.

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Praine House, Mo

19. (a) 8-5-47 (b) Dee Cooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3  
year 1947 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from 7/13/47  
1947 to 8/3/47 1947;  
that I last saw him alive on 8/3/47 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations COB  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Chas. R. Sweeney (M. D. or other) 8/5/47  
Address Boonville Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9  
1  
2

RECEIVED

District Health Officer No. 5

District File Number \_\_\_\_\_

Date Filed 8-29-47

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 \_\_\_\_\_

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

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prarie Home 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.