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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. F 32145

FILED OCT 8 1943

Registration District No. 3824

Primary Registration District No. 3046-5796

Registrar's No. 119

1. PLACE OF DEATH:
(a) County Montcau
(b) City or town rural Walter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Montcau Co. Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Mo. (b) County Montcau
(c) ~~City or town~~ Lafayette Mo rural
(If outside city or town limits, write "RURAL")
(d) Street No. rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (1)

3. (a) PRINT FULL NAME TOM BRIZENDINE
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
6. (b) Name of husband or wife Betty
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 8 (Day) 1856 (Year)

8. AGE: Years 87 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
FATHER 12. Name unknown
13. Birthplace (City, town, or county) ? (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace (City, town, or county) ? (State or foreign country)
16. (a) Informant Albert Childress
(b) Address Jamestown Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery
18. (a) Signature of funeral director J. W. Wilson & Son
(b) Address California, Mo.
19. (a) 9-16-43 (Date received local registrar) (b) J. F. Allee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1943 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 1944 to Sept 15 1943
that I last saw him alive on Sept 14 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to: Generalized Arteriosclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 Kenyon Latham (M. D. or other)
Address California, Mo Date signed 9-16-43

1312

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.