

SEP 8 1939
Registration District No. 496

Primary Registration District No. 3025

State File No. _____
Registrar's No. 81

1. PLACE OF DEATH:

(a) County Russ
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21
In this community 14 years (Specify whether years, months or days) Miss

8. (a) PRINT FULL NAME Myrtle Frances Medlin

8. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter Medlin 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Mar 20 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>4</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace New Boston MO
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER {
12. Name William Anderson
13. Birthplace New Boston MO
(City, town, or county) (State or foreign country)
14. Maiden name Emma Myrtle Pace
15. Birthplace St Catherine MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Carl Anderson
(b) Address Brookfield MO

17. (a) Burial (b) Date thereof Aug 8 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt Olivet

18. (a) Signature of funeral director James M Laughlin
(b) Address Marcelline MO

19. (a) Aug 7 - 39 (b) Quot Lucas MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Russ
(c) City or town Marcelline
(If outside city or town limits, write "RURAL")
(d) Street No. 206 E Chicago
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1939 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 4 - 1939
_____ 19 _____ to Aug 6 19 39
that I last saw her alive on Aug 6 19 39
and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemm nephritis Duration 2 days

Due to Extreme burns
(fire)

Due to Shock 181
Other conditions Shock
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 4 - 1939
(c) Where did injury occur? Marcelline Russ MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Basement of home Explosion of
While at work Yes (Specify type of place) (e) Means of injury Coal oil in stove
23. Signature M. D. Decker (M. D. or other)
Address Marcelline MO Date signed 8/7/39

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Distict Health Officer No. 11;

License File Number 93.9-1108

SEP 5 1909

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.....

B. Lauche M. Laughlin....., Registered Apprentice No. 409

working under my personal supervision.

Signed B. Lauche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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, above space should be left blank.