

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 95

1. PLACE OF DEATH: Linn 2
 (a) County
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 328 E Robard
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 58 (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME Minnie Elizabeth Erwin
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Erwin 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Feb. 10 1880
 (Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Howard County Nebraska
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
 MOTHER FATHER { 12. Name Thomas G. Mount
 13. Birthplace Bond County Ill
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah J. Harmon
 15. Birthplace Clark County Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature T. G. Mount
 (b) Address Brookfield

17. (a) Burial (b) Date thereof Sept 28 / 39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery Brookfield
 18. (a) Signature of funeral director Hill's Chapel
 (b) Address Brookfield

19. (a) Sept 27 39 (b) John Erwin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Linn
 (c) City or town Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 328 E Robard
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 26
 year 1939 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 5, 1937, to Sept 26, 1939;
 that I last saw her alive on Sept 25, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix

Due to Uterine Carcinoma - Duration Unknown

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

Major findings: Carcinoma, glands
2 ulcers - H. pylori 345-37
 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?
 (Specify type of place)

While at work? _____ (Specify type of place) (Means of injury)
 23. Signature J. Erwin (M. D. or other) _____
 Address Brookfield Mo. Date signed 9-28-39

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

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.

RECORDED
District Health Officer No. 11,
District File Number 139-1242
Date Filed OCT 4 1939

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.....

J. M. Blacklock
working under my personal supervision.

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

Signed J. M. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mass

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.