

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.

DEC 18 1939 496
Registration District No.

Primary Registration District No. 3025

State File No.

Registrar's No. 106

1. PLACE OF DEATH
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Barney Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 70 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME James Martin Mahurin
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 24
year 1939 hour 8:45 minute AM

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie E. Mahurin 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept 23 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept, 1939, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

8. AGE: Years 74 Months 2 Days 1 If less than one day hr. _____ min. _____

Due to due to a fall resulting in a blow on the head

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

MOTHER FATHER
12. Name Martin Mahurin
13. Birthplace Do not know Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Palmer
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct 21 1939
(c) Where did injury occur? Brookfield Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

16. (a) Informant's own signature Mrs Nellie E. Mahurin
(b) Address Brookfield - R. 7 D -
17. (a) Burial (b) Date thereof Nov. 26 '39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery Brookfield at home

While at work? yes (Specify type of place) (e) Means of injury tricked by cow
23. Signature W B Smayson (M. D. or other) MD
Address Brookfield Date signed 11/24/39

18. (a) Signature of funeral director Hill Funeral Chapel
(b) Address Brookfield - Mo
19. (a) Nov 23 39 (b) Groves
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 137
Dialer No. 1-239-1453
Date Recd. DEC 6 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. B. Blacklock

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

working under my personal supervision.

Signed *J. B. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield, 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.