

Registration District No. **496**

Primary Registration District No. **3025**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Linn**  
(b) City or town **Brookfield**  
(c) Name of hospital or institution:  
**703 North Monroe St.**  
(d) Length of stay: In hospital or institution **72 years**  
In this community **72 years**

8. (a) PRINT FULL NAME **Eliza Rebecca Lord**

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

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

6. (b) Name of husband or wife **Thos. G. Lord** 6. (c) Age of husband or wife if alive **8** years

7. Birth date of deceased **December 8, 1844**

8. AGE: Years **95** Months **1** Days **14** If less than one day hr. min.

9. Birthplace **Worcestershire, England**

10. Usual occupation **Housewife**

11. Industry or business **At home**

12. Name **George W. Mantle**

18. Birthplace **England**

14. Maiden name **Harriet Parry**

15. Birthplace **England**

16. (a) Informant's own signature **Eliza G. Mathews**

(b) Address **Brookfield, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 24, 40**

(c) Place: burial or cremation **Rose Hill Cem.**

18. (a) Signature of funeral director **Trust Funeral Home**

(b) Address **Brookfield, Mo.**

19. (a) **Jan 24-40** (b) **John H. Lewis**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**  
(c) City or town **Brookfield**  
(d) Street No. **703 North Monroe St.**  
(e) If foreign born, how long in U. S. A. **91** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **22**  
year **1940** hour **12** minute **15** a.m.

21. I hereby certify that I attended the deceased from **Jan 21, 1940** to **Jan 21, 1940**  
that I last saw **her** alive on **Jan 21, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism** Duration **2 1/2 days**

Due to **Smility**

Due to **General arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **SB**

Of autopsy

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 **Raymond H. Tolay** (M. D. or other) **MD**

Address **Brookfield** Date signed **1-22-40**

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.

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RECEIVED

District Health Officer No. 11,

District File Number 240-25

Date Filed FEB 3 1940

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**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 H. Wright

Licensed Embalmer No. 3718

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.**