

AUG 19 1940  
Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 68

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Brookfield Mo 1  
(c) Name of hospital or institution: M. Jarney Hospital  
(d) Length of stay: In hospital or institution 4 days  
In this community 2 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Linn  
(c) City or town Brookfield  
(d) Street No. 510 S Main  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME JUDITH BELL HOUSER  
(b) If veteran, name wasr. \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31 year 1940 hour 7 minute 20 A.M.  
21. I hereby certify that I attended the deceased from 7-26-40 to 7-27-40 that I last saw her alive on 7-31 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Pulmonary Atelectasis Duration 5hr

7. Birth date of deceased July 26 1940  
8. AGE: Years \_\_\_\_\_ Months 4 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Pneumonia Bacter  
Due to 7 1/2 - 8 hrs

9. Birthplace Brookfield Mo  
10. Usual occupation \_\_\_\_\_

Other conditions 0  
Major findings: 0  
Of operations 0  
Of autopsy 0

11. Industry or business \_\_\_\_\_  
12. Name Frank William Houser  
13. Birthplace Pittsburg Mo  
14. Maiden name Margaret Miller  
15. Birthplace Kansas City Mo

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant's own signature Judith W Houser  
(b) Address Brookfield Mo  
17. (a) Burial (b) Date thereof July 31 1940  
(c) Place: burial or cremation Pittsburg Mo  
18. (a) Signature of funeral director Hill Funeral Chapel  
(b) Address Brookfield Mo  
19. (a) 7-31-40 (b) [Signature]

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Brookfield, Mo Date signed 7/31/40

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.

RECEIVED

District Health Officer No. 17

District File Number

840-1219

Date Filed

AUG 6 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**