

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.

AUG 10 1940

Registration District No. 496

Primary Registration District No. 3025

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: 206 Sanford St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 yrs 7 mos. 15 days
In this community 63 yrs 7 mos. 15 days
years, months or days (Specify whether)

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. 206 Sanford St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 7
year 1940 hour 2 minute 0 M.
21. I hereby certify that I attended the deceased from Dec 8
1939 to July 6, 1940
that I last saw her alive on July 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Duration Unknown
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME ELZA A. ADELL MARKEY 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-01-5106

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Markey 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 22 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 15
If less than one day _____ hr _____ min

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Benj. Turbin
13. Birthplace Chariton Mo
(City, town, or county) (State or foreign country)
14. Maiden name Wing Jane Eldridge
15. Birthplace Linn Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bess Williams
(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof July 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem

18. (a) Signature of funeral director Bill Funeral Chapel
(b) Address Brookfield Mo

19. (a) July 9th (b) Arthur M. D.
(Date received local registrar) (Registrar's signature)

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?
4-1-5
(Specify type of place) While at work? (a) Means of injury _____
28. Signature Jane Turbin (M. D. or other) _____
Address Brookfield Mo Date signed 7-8-40

RECEIVED

District Health Officer No. 11,

District File Number 640-1049

Date Filed AUG 6 1940

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. W. Blacklock
working under my personal supervision.

Registered Apprentice No.....

Signed J. W. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield, Ill.

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.