

DEC 11 1940 18  
Registration District No. 22

Primary Registration District No. 3015

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 Morgan St.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs Irene Brott

3. (b) If veteran, name war \_\_\_\_\_ 3. (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 Arthur Brott 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 14 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Joseph W. Skinner  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Brott  
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Dec 6 1940  
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem

18. (a) Signature of funeral director Goodman Koller

(b) Address Boonville, Mo.

19. (a) 12-5-40 (b) Dr. Cooper  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 4<sup>th</sup>  
year 1940 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from July 17, 1940 to Dec 4, 1940; that I last saw her alive on Dec 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 6 mo

Due to \_\_\_\_\_  
Due to H<sup>6</sup>

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: extensive carcinoma of stomach  
Of operations \_\_\_\_\_  
Of autopsy none

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? At  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. C. Reckitt md (M. D. or other) md  
Address Boonville, Mo Date signed 12-5-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number 12-9-40  
Date Filed

**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

*J. H. Goodman*

Licensed Embalmer No. *1178*

P. O. Address *Boonville, 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.**