

JAN 20 1941
Registration District No. **496**

Primary Registration District No. **3025**

Registrar's No. **99**

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brownfield
(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 _____ years, months or days) 7

8. (a) PRINT FULL NAME Harriett Carfield

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank G. Carfield 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 26 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Housewife

12. Name Eli Huff

13. Birthplace Brownfield Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Ann Thompson

15. Birthplace Brownfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse L. Young

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Road Hill

18. (a) Signature of funeral director Arthur S. Rollins

(b) Address Brownfield Mo

19. (a) 12-18-40 (b) Spotwood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Brownfield
(If outside city or town limits, write "RURAL")
(d) Street No. 515 E Elliott
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1940 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 1938 to 12-17, 1940
that I last saw her alive on 12-17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____
Due to 16th

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? Y

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Roy H. Haley (M. D. or other) _____

Address Brownfield Mo Date signed 12/18/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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.

19381 MISSOURI STATE BOARD OF HEALTH—STANDARD CERTIFICATE OF DEATH—MADE A PERMANENT RECORD

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..... *L. W. Collins*

Licensed Embalmer No. *11646*

P. O. Address..... *Brookfield*

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.