

FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3262

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 13

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Flora Anne Tabler  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex F 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert C. Tabler 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased July 9 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Watson, N. Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
12. Name Henry H. Neale  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennypet Strand  
15. Birthplace Watson, N. Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert C. Tabler  
(b) Address Brookfield, Mo.

17. (a) Burial (b) Date thereof Jan 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brookfield, Mo.

18. (a) Signature of funeral director Henry B. Bowden  
(b) Address Brookfield, Mo.

19. (a) 1-13-41 (b) W. H. Sawyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Linn, 59  
(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 223 W. North  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 11  
year 1941 hour 7:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1  
\_\_\_\_\_, 1941, to Jan 11, 1941  
that I last saw her alive on Jan 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pyoholercyitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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 H. H. Patten (M. D. or other) Reg.  
Address Brookfield, Mo. Date signed 1-13-41

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

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.

Rev. 5-17-39  
1 X 9351

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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..... *Homer Bowden* .....

Licensed Embalmer No. *3295* .....

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.**