

Registration District No. _____

Primary Registration District No. 40 6-8

FILED JUL 17 1941

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(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

3. (a) PRINT FULL NAME JANETTA Brookshire

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 ?

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 13 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Thomasville N. C.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Samuel Beavers

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Sylvana Aldridge

15. Birthplace Danbridge North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Nell Ballard

(b) Address Polo Mo

17. (a) Burial (b) Date thereof July 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kincaid Cemetery

18. (a) Signature of funeral director J. H. Houghton

(b) Address Hamilton Mo

19. (a) July 2 1941 (b) Mark Brown
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 20, 1941, to June 30, 1941;
that I last saw him alive on June 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to _____

Due to 468

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? _____

100 While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. H. Houghton (M. D. or other) MO
Address Hamilton Mo Date signed 7/2/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NAME

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.....

L. R. Houghton

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

L. R. Houghton

Licensed Embalmer No. *3854*

P. O. Address *Hamilton Ma*

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.