

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.

FILED DEC 8 1941

Registration District No. _____

Primary Registration District No. 5025

Registrar's No. 23

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Brookfield Twp. Brookfield
 (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 _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: Brookfield Twp.
 (a) State Mo. (b) County Linn
 (c) City or town Brookfield Mo. Rural
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sarah Pauline Mott
 8. (b) If veteran, name war no 8. (c) Social Security No. none
 4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife J. W. Mott 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Sept 5 1868
 8. AGE: Years 73 Months 2 Days 16 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 21 year 1941 hour 5 minute 30 AM
 21. I hereby certify that I attended the deceased from Nov 8th 1941 to Nov 20 1941.
 that I last saw her alive on Nov 20th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza - Pneumonia Duration 12 days
 Due to chilling from a fall in her room as sick. Help reached but
 Due to _____

9. Birthplace Howard Co. Mo.
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Joeseeph Perfader
 13. Birthplace 1 Va.
 14. Maiden name Mattie Hurst
 15. Birthplace Howard Co. Mo.

Other conditions Valvular heart lesion
 (Includes pulmonary within 3 months of death)
 U. S. Buck M. D.
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Mrs. Carl Bremner
 (b) Address Brookfield, Mo.
 17. (a) Burial (b) Date thereof Nov 23 41
 (c) Place: burial or cremation Musselfork, Mo
 18. (a) Signature of funeral director Joe M. Laughlin
 (b) Address Marceline Mo.
 19. (a) 11-24-1941 (b) W. W. Cannon
 (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) accidental
 (b) Date of occurrence Nov 21 1941
 (c) Where did injury occur? Brookfield Mo
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her bed room at night
 While at work? _____ (e) Means of injury _____
 23. Signature U. S. Buck (M. D. or other) _____
 Address Rothville Mo Date signed 11-21-41

PHYSICIAN
 Underline the cause to which death should be charged statistically.

DEC 6 1941

JAN 16 1942

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 Blanche M. Taughler
Licensed Embalmer No. 1969
P. O. Address Marsden M

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.