

DEC 18 1941

Registration District No. 901

Primary Registration District No. 6209A

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rogersville Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Rogersville Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 10

3. (a) PRINT FULL NAME Bernice Brady Delzell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
year 1941 hour 6:25 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 5 1941 to Nov 16 1941  
that I last saw her alive on Nov 15 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Div 2

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 23 1906  
(Month) (Day) (Year)

Immediate cause of death: Chronic Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

35 7 22 hr. min.

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

Major findings: 138

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Webster Co, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Will Brady

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

14. Maiden name Minnie Lawson

15. Birthplace Webster Co, Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Callie Lawson

(b) Address Fordland, Mo.

17. (a) White Oak Cem. (b) Date thereof Nov 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director Kelley and Fenell

(b) Address Rogersville Mo.

19. (a) 12-10-41 (b) J. C. Bassore  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. M. Bruce (M. D. or other)  
Address Marshall Mo Date signed Nov 21 1941

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

1200

819

RECEIVED

District Health Officer No. 6,

District File Number 1241-1892

Date Filed DEC. 16 1941

**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. K. Keller

Licensed Embalmer No. 03334

P. O. Address Seymour, Ind.

**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, fact should be so stated above.**