

FILED JAN 20 1942

Registration District No. 796

Primary Registration District No. 3025

Registrar's No. 28

1. PLACE OF DEATH:  
 (a) County Linn  
 (b) City or town Brookfield  
 (c) Name of hospital or institution: 405 W HELM ST  
 (d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)  
 In this community Linn (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Linn  
 (c) City or town Brookfield  
 (d) Street No. 405 W HELM ST  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Franklin Pierce Howard  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 220  
 4. Sex MO 5. Color or race W  
 6. (a) Single, widowed, married, divorced divorced  
 6. (b) Name of husband or wife Matthie Brewery  
 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased Nov 17 1881  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 13 year 1941 hour 2 p minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from March 14 1937 to Dec 13 1941  
 that I last saw him alive on Dec 13 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 9 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cardiac Deomyositis  
 Due to Chronic Endocarditis (Mitral Regurgitation)  
 Due to \_\_\_\_\_

9. Birthplace Brookfield (City, town, or county) Mo (State or foreign country)

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

10. Usual occupation Farming

Major findings: Of operations 92  
 Of autopsy \_\_\_\_\_

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

12. Name Richard Howard

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

14. Maiden name Mary

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Howard

(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director Wm Howard

(b) Address Brookfield Missouri

19. (a) 12-15-1941 (Date received local registrar) (b) W H Carver (Registrar's signature)

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) Means of injury \_\_\_\_\_

23. Signature R. B. Haley (M. D. or other) M.D.  
 Address Brookfield Date signed 12-15-41

Duration 20 yrs  
 Physician \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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.

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed James B. M. - Clelland  
Licensed Embalmer No. 4230  
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.**