

FILED FEB 16 1942
Registration District No. 577

Primary Registration District No. 3029

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrison Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601st Lyon
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 601st Lyon
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 1
year 1942 hour _____ minute 7²⁰ M.

21. I hereby certify that I attended the deceased from Dec 1 1941 to Feb 1 1942
that I last saw her alive on Feb 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration _____

Due to Cardiovascular 7
Renal Disease 7
Hypertension 1
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Harrison Mo Date Feb 1 1942

3. (a) PRINT FULL NAME Lou. H. Hines
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 Widow
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 8th 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Brunck
13. Birthplace _____ Virginia 1
(City, town, or county) (State or foreign country)
14. Maiden name Idexia Hall
15. Birthplace _____ Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Rabbin
(b) Address 601st Lyon St. Harrison Mo.

17. (a) Burial (b) Date thereof Feb 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winfield Mo

18. (a) Signature of funeral director [Signature]
(b) Address Harrison Mo

19. (a) Feb 5, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

67
5
4

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..... *Michael J. O'Connell*
Licensed Embalmer No. *3246*
P. O. Address..... *Hannibal 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, fact should be so stated above.