

11228

State File No.

64

Registrar's No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHRegistration District No. 496Primary Registration District No. 3025

## 1. PLACE OF DEATH:

- (a) County Linn  
 (b) City or town Brookfield City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
213 W. Canal  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 years  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES HARPER STIRLING3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mary M. Stirling 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Nov 12 1871  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace 1 Pennsylvania  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

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

12. Name William Stirling  
 13. Birthplace W. Va.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Adeline Canning  
 15. Birthplace W. Va.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. J. Stirling  
 (b) Address Brookfield Mo.  
 17. (a) Burial (b) Date thereof Mar-27-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wheeling Mo.  
 18. (a) Signature of funeral director Bill Chedel  
 (b) Address Brookfield Mo.  
 19. (a) 3-27-1942 (b) W. K. Cuman  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Linn  
 (c) City or town Brookfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 213 W. Canal  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 3 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25  
year 1942 hour 9 minute 0 M.21. I hereby certify that I attended the deceased from 3-25-1942 to 3-25-1942, 1942  
that I last saw him alive on 3-25-1942, 1942  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary thrombosis Duration 1 hr  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: 94  
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?  
 \_\_\_\_\_

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

23. Signature W. J. Stirling (M. D. or other) 3/26/42  
Address Brookfield Mo Date signed

456

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 6-17-39  
U. S. GOVERNMENT PRINTING OFFICE: 1938

**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.....

*J. H. Blacklock*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. H. Blacklock*.....  
Licensed Embalmer No. *2246*.....  
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.**