S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25756

FILED AUG 9 1943

Registration District No. 275 Primary Registration District No. 5938 Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural...Newburg Mo., Rt 3
(If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. Newburg Mo., Route 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martha Elizabeth Brookshire

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Brookshire

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

7. Birth date of deceased July 21, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months --- Days --- If less than one day hr. min.

9. Birthplace Edgar Springs Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Foree
13. Birthplace Ky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maryanna Kitchen
15. Birthplace KY /
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Brookshire
(b) Address Newburg Mo., Route 3

17. (a) Burial (b) Date thereof July 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.,

19. (a) 7/22/43 (b) Ellis Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from July 19 43, to July 21, 1943;
that I last saw her alive on July 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to

Due to

Other conditions Hypertension.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 30
Of autopsy

Duration

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 Sidney M. Farlan (M. D. or other)

Address Rolla Mo. Date signed 7-22-43.

7-22-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1943

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 S. C. Nuell

Licensed Embalmer No. 3394

P. O. Address Rolla, 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.