

FILED NOV 17 1943

State File No.

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 237

1. PLACE OF DEATH:

(a) County: Pettis County
 (b) City or town: Rural
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community: 37 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: GERDINA-BROWNFIELD.

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, Married
 6. (b) Name of husband or wife: Jess P. Brownfield
 6. (c) Age of husband or wife if alive: 46 years
 7. Birth date of deceased: Oct 21 1897
 (Month) (Day) (Year)

8. AGE: Years: 46 Months: 0 Days: 9 If less than one day: _____ hr. _____ min.

9. Birthplace: Pettis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: House Work at the Home

12. Name: Nenry Poppinga

13. Birthplace: Ospreyland Germany (City, town, or county) (State or foreign country)

14. Maiden name: Berna Maidermann

15. Birthplace: Pettis Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Ida Grace Brownfield

(b) Address: Green Ridge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 30 43 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Ridge Mo

18. (a) Signature of funeral director: C. N. Shelley

(b) Address: Green Ridge Mo

9. (a) Nov 2-43 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pettis
 (c) City or town: _____ (If outside city or town limits, write "RURAL")
 (d) Street No.: Rural Green Ridge (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 30 year: 1943 hour: 11 minute: 15 A.M.

21. I hereby certify that I attended the deceased from: Dec 14, 1942 to: Oct 30, 1943
 that I last saw her alive on: Oct 30, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myeloid Leukemia Duration: 1 year

Due to: _____

Due to: _____

Other conditions: NYA (include pregnancy within 3 months of death)

Major findings: 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: 0

23. Signature: H. A. Hita (M. D. or other) M.D.

Address: Green Ridge Mo Date signed: 10-31-43

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

MOTHER FATHER

145
2/4

1022

RECEIVED

NOV 19 1943

OFFICE No. 81

Who Filed

11-10-43

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

Edw E. Heck

Licensed Embalmer No.

4063

P. O. Address

Green Ridge, 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.