

Registration District No. 178

Primary Registration District No. 4284

5600

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

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town LaBelle
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community All of Life 83 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. none
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Alma Brightwell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert L. Brightwell

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

7. Birth date of deceased February 14th, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Near LaBelle, Lewis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping, at Home

11. Industry or business --

MOTHER FATHER { 12. Name George C. Hinson

13. Birthplace Harrison Co. Kentucky
(City, town or county) (State or foreign country)

14. Maiden name Henrietta Bourne

15. Birthplace Harrison Co. Kentucky
(City, town or county) (State or foreign country)

16. (a) Informant Elyza M. Brightwell

(b) Address Knox City (R.F.D) Knox Co. Mo

17. (a) Burial (b) Date thereof Jan'y 23, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaBelle Cemt'y. LaBelle Mo.

18. (a) Signature of funeral director Norman D. Coder
LaBelle, Missouri

(b) Address 1-22-44

19. (a) 1-22-44 (b) P. H. Jennings, Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1944 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 29
Jan 7 1944 to Jan. 21, 1944
that I last saw her alive Jan. 21, 1944
and that death occurred on the day and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to Enteroschlerosis

Due to Dans Knot

Other conditions gza
(Include pregnancy within 3 months of death)

Major findings: gza
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) Means of injury

23. Signature A. H. Gillert (M. D. or other) _____
Address LaBelle Mo. Date signed 1/22-44

Duration 10 Days

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

987

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:

Norman D. Cooper

Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri

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.