S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7985

State File No.

Registration District No. 275 | Primary Registration District No. 5942 | Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Phelps

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

(c) Name of hospital or institution: KnUn Tuns Route No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Phelps

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

(d) Street No.: 103 South Olive
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Rebecca Jane 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: Widow

6. (b) Name of husband or wife: Alfred Brookshire

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

7. Birth date of deceased: July 4, 1858 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	7	20	hr. min.

9. Birthplace: Phelps County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

FATHER
12. Name: Henry Decker,
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Woods,
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary Bray,

(b) Address: South Olive St., Rolla Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 27-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Beulah Cemetery

18. (a) Signature of funeral director: Null & Son Funeral Home,

(b) Address: 508 West 8th St., Rolla Mo.,

19. (a) Feb. 27 1944 (Date received local registrar) (b) J. Ellis Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1944 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive Feb. 24, 1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration

Ravages of Old Age.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): G4a

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: 3

23. Signature: R. S. Null Coroner

Address: Rolla, Missouri Date signed: 2/27/44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3297

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.