No. 2
-2-43
17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8520

Registration District No. 387 Primary Registration District No. 4499 Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: Shelbina, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Wks. (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED: 102
(a) State: Missouri (b) County: Shelby
(c) City or town: Bethel Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 4

3. (a) PRINT FULL NAME: James Laura Brothers
3. (b) If veteran, name war: X
3. (c) Social Security No. X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 10th, 1854 (Month) (Day) (Year)
8. AGE: Years 89 Months 3 Days 13 If less than one day hr. min.
9. Birthplace: Adams Co. (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Farming
11. Industry or business: Same
FATHER 12. Name: Not known
FATHER 13. Birthplace: " " (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name: Not known
MOTHER 15. Birthplace: " " (City, town, or county) (State or foreign country) 9
16. (a) Informant: Frank Brothers
(b) Address: Shelbyville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Prairie
18. (a) Signature of funeral director: Melvin & Carleton
(b) Address: Shelbina Mo
19. (a) Mar 4 44 (Date received local registrar) (b) Madge Cooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd year 1944 hour 2 minute 50 A.M.
21. I hereby certify that I attended the deceased from Nov 1, 1944, to Feb 23, 1944, that I last saw him alive on Feb 23, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis	3 da
Due to: Senility	
Due to: 130	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 2
23. Signature: L. L. Simpson (M. D. or other) DO
Address: Shelbina Mo Date signed: Feb 29 1944

1071

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-456
Date Filed MAR 7 1944

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 E W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.