

FILED JUL 10 1944  
Registration District No. 260

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1405 W. Austin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 42 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon  
(c) City or town Nevada, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1405 W. Austin St.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary L. Brophy

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 4 1943 to June 17 1944  
that I last saw her alive on June 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration 8 mo.

Due to Don't know

Due to Coronary Sclerosis Don't know

Other conditions: Coronary Sclerosis  
(Include pregnancy within 3 months of death)  
Major findings: Of operations none H&F  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife James H. Brophy 6. (c) Age of husband or wife if alive 77 years  
Birth date of deceased Jan 23, 1868 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Anna, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Joe. Koewdeshell  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Barnes  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant James H. Brophy  
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 6-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Nevada, Mo.  
(b) Address Cedarburg, Ill.

19. (a) 6-30-44 (b) Floyd B. Bourck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) C  
(b) Date of occurrence C  
(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? C

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. Love (M. D. or other)  
Address Nevada Mo Date signed 4/18/44

1337

RECEIVED  
District Health Officer No. 78  
District File Number 6-44-781  
Date Filed 7-8-44

**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 Marsh C. Eubing  
Licensed Embalmer No. 2656  
P. O. Address Nevada, 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.**