

FILED OCT 11 1944

Registration District No. 187

Primary Registration District No. 5687

Registrar's No. 373

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(g) State Mo (b) County Linn 58
(c) City or town Rural #3
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALETHA JANE LEWIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept-21-1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Herry Lewis

13. Birthplace Chariton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Price

15. Birthplace Linn Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Herry Lewis
(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Sept-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Brookfield Rural Home
(b) Address Brookfield Mo

19. (a) 9-22-44 (b) W.H. Cannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1944 hour _____ minute 0

21. I hereby certify that I attended the deceased from 9-21 1944 to 9-21 1944
that I last saw her alive on 9-21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Premature atelectasis

Due to _____

Due to _____

Other conditions (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 _____

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 _____

23. Signature W.H. Cannon (M.D. or other)

Address Brookfield Mo Date signed 9/22

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

58000

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

Not Embalmed

Registered Apprentice No. _____

working under my personal supervision:

Signed _____

J. R. Blacklock

Licensed Embalmer No. _____

2246

P. O. Address _____

Brookfield Ma

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.