

FILED DEC 13 1944
Registration District No. *184*

Primary Registration District No. *3038*

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

1. PLACE OF DEATH:
(a) County *Linn*
(b) City or town *Brookfield*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) *1*
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community *25 years* (years, months or days)

3. (a) PRINT FULL NAME *ROSE ELIZABETH GAREY*

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 *W*

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

7. Birth date of deceased *March-26-1859*
(Month) (Day) (Year)

8. AGE: Years *85* Months *7* Days *19* If less than one day _____ hr. _____ min.

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

10. Usual occupation *at home*

11. Industry or business _____

12. Name *Wm Wagner* 4

13. Birthplace *Prov Lillia Germany*
(City, town, or county) (State or foreign country)

14. Maiden name *Elizabeth Meyer*

15. Birthplace *Sweden* 4
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Emma Nord*
(b) Address *St. Louis, Missouri*

17. (a) *Burial* (b) Date thereof *Nov. 17-1944*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Brunswick Mo*
Full funeral home

18. (a) Signature of funeral director _____
(b) Address *Brookfield, Mo*
19. (a) *11-16-44* (b) *H W Ceman*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State *Missouri* (b) County *Linn* 59
(c) City or town *Brookfield* 1
(If outside city or town limits, write "RURAL")
(d) Street No. *116 W Wood* (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *15*
year *1944* hour *11* minute *45* A.M.

21. I hereby certify that I attended the deceased from _____
19____ to *Nov. 15* 19*44*

that I last saw her alive on *Nov. 14* 19*44*
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of the urinary bladder 18m
Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) *52*

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

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

23. Signature *H. B. Simpson* (M. D. or other) *2 DO*
Address *Brookfield* Date signed *11-16-44*

DEC 28 1900

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 J. H. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.