

FILED DEC 8 1944

Registration District No. **274**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 44 years
(years, months or days)

3. (a) PRINT FULL NAME Emelene Griffith Brosing

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Karl Brosing

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 28 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Waco Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { **12. Name** James L. Griffith

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

14. Maiden name Lucy Haug

15. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Karl Brosing

(b) Address Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 14, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 11-15-44 (Date received local registrar)

(b) Mrs Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #1
(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 12
year 1944 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 9 1944 to Nov 12 1944

that I last saw her alive on Nov 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with paralysis affecting due to the ventral right side of her body

Due to _____

Due to _____

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.

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 _____

23. Signature M. J. Bishop (M. D. or other)

Address Sedalia Mo **Date signed** 11-15-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-7-64

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.P.M. Leary

Licensed Embalmer No.

3153

P. O. Address

Sedaler Mrs

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.