U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20779

Registration District No. 787 Primary Registration District No. 3038 Registrar's No. 563

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: McLARNEY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 MINN (Specify whether years, months or days)
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINN 58
(c) City or town BROOKFIELD MO 1
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Sanford 2
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY GOLDIE RIDDLE
3. (b) If veteran, name war no
3. (c) Social Security No. 488-22-9917
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife BERNIE RIDDLE
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Aug (Month) 14 (Day) 1906 (Year)

8. AGE: Years 38 Months 9 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace LINN Co. MO 0 (City, town, or county) (State or foreign country)
10. Usual occupation Shoe FACTORY WORKER
11. Industry or business
MOTHER FATHER
12. Name JOHN R. CLARK
Birthplace Springfield Illinois 1 (City, town, or county) (State or foreign country)
14. Maiden name MARTHA ALICE PERYLER
15. Birthplace LINN Co MO 0 (City, town, or county) (State or foreign country)
16. (a) Informant BERNIE RIDDLE
(b) Address 102 Sanford, Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem
18. (a) Signature of undertaker or director Rusk Funeral Home
(b) Address Brookfield, MO
19. (a) 6-11-1945 (Date received local registrar) (b) W N Lemon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1945 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Cerebral of Right
Due to Injury from fall
Due to ____
Other conditions (Include pregnancy within 3 months of death) no
Major findings:
Of operations ____
Of autopsy ____

Duration 5 hr.

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) Accident
(b) Date of occurrence June 5 1945
(c) Where did injury occur? Brookfield Linn Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? no (e) Means of injury Fell down while sleeping in upper story
23. Signature Jos R Hale (M. D. or other) MD
Address Brookfield Mo Date signed 6-8-45

456 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11.
District File Number.....
Date Filed.....

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.....C. A. Larson

Licensed Embalmer No.....4037

P. O. Address.....Bucklin, 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.