

FILED DEC 7 1945

Registration District No. 32

Primary Registration District No. 5-112 A

Registrar's No. 19

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME ABE. BROTHERTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife WILLIE BROTHERTON 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased 3 (Month) 7 (Day) 1894 (Year)

8. AGE: 51 Years 3 Months 7 Days If less than one day
1894 July 28 hr. min.

9. Birthplace patterson (City, town, or county) mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Mose Brotherton
13. Birthplace un known (City, town, or county) mo. (State or foreign country)

14. Maiden name Margitt Statler

15. Birthplace un known (City, town, or county) mo (State or foreign country)

16. (a) Informant My Ape Brotherton
(b) Address Centerville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Port Oak Cemetery

18. (a) Signature of funeral director Shutty Funeral Home

(b) Address Centerville

19. (a) Nov. 26 1945 (Date received local registrar) (b) Willie H. Dandlumburg (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Centerville (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Bollinger County (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7
year 1945 hour 8 pm. minute _____ 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 Coronary Occlusion

Due to _____

Due to _____

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

Major findings:
Of operations apex

Of autopsy _____

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 3

23. Signature John J. Myers

Address Centerville Mo Date signed 11/8/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

District Health Officer No. 4
District File Number 1245-1346
Date Filed 12-6-45

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.....

Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address.....

Jackson 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.