

FILED APR 15 1946

Registration District No. _____

Primary Registration District No. 3038

Registrar's No. 28

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: 317 S. Beverly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 317 S. Beverly
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 27, 1946 to Feb 28, 1946

that I last saw her alive on Feb 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Fibrillation due to mitral insufficiency months? _____

Due to ✓

Due to ✓

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

Major findings: ✓
Of operations _____

Of autopsy ✓ 928

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 ✓

Signature Mark H. Rhoads (M. D. or other) Brookfield Mo
Address Brookfield Mo Date signed 3/2-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Birdie Mae Davis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Davis 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown Over 60
(Month) (Day) (Year)

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

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Squire Lewis
13. Birthplace Keokuk Mo
(City, town, or county) (State or foreign country)
14. Maiden name Martha Salson
15. Birthplace Keokuk Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Baskett
(b) Address 2463 Flora Kansas City Mo

17. (a) Burial (b) Date thereof Mar 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director James Baskett
(b) Address Brookfield Mo

19. (a) 3/2/46 (b) Emilio Kelley, Deputy
(Date received local registrar) (Registrar's signature)

1:67

(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *Wm. D. Bowden*.....

Licensed Embalmer No. *3295*.....

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.