

FILED MAY 27 1946 **STANDARD CERTIFICATE OF DEATH**

15598

State File No. _____

Registration District No. 1

Primary Registration District No. 4-00-2-5007

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Brushers (Rural)
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 43 years years, months or days)

3. (a) PRINT FULL NAME HANNAH MOONEY

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 WIDOW

6. (b) Name of husband or wife Chas. C. Mooney 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased 5ft. (Month) 24 (Day) 1868 (Year)

8. AGE: Years 77 Months 6 Days 9 If less than one day hr. _____ min. _____

9. Birthplace La Salle (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER 11. Industry or business _____

12. Name John Cox

13. Birthplace see (City, town, or county) (State or foreign country)

14. Maiden name Hannah Wilkinson

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

16. (a) Informant Mrs. Bertha Jantz

(b) Address Brushers

17. (a) Burial (b) Date thereof 4-5-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brushers Cemetery

18. (a) Signature of funeral director Frank H. Farley

(b) Address Brushers

19. (a) 4-5-46 (b) Kate Lambert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 3 year 1946 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb. 1946 to Apr. 3 1946 that I last saw her alive on Mar. 29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration Yrs.
it being general

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 Of autopsy PM

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 1

23. Signature H. M. Hampfrey (M. D. or other) MD
 Address Brushers Date signed 4-5-46

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

RECEIVED

District Health Officer No. 10

District File Number 5-46-1003

Date Recd. MAY 23 1946

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 Foster T. Early,

Licensed Embalmer No. 4146

P. O. Address Brushy, 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.