. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34229

FILED NOV 7 1946

Registration District No. 229 Primary Registration District No. 5809 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Montgomery Co.
(b) City or town New Florence, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68-9-23
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery 70
(c) City or town New Florence, Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Matilda L. Brookshier.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Brookshier.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 10th (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
68	9	23	hr. min.

9. Birthplace Near Americus. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name August Stiegman.
13. Birthplace Unknown (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Lena Lichte.
15. Birthplace Unknown (City, town, or county) Germany. (State or foreign country)
16. (a) Informant Mrs. Raymond Brookshier
(b) Address New Florence, Mo. RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5th, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Big Spring, Mo. M.E.
18. (a) Signature of funeral director [signature]
(b) Address Americus, Mo.
19. (a) 10/4/46 (Date received local registrar) (b) James O. Helm M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd, year 1946 hour 6 minute 45 A M.
21. I hereby certify that I attended the deceased from August 19, 1946, to October 5, 1946 that I last saw her alive on October 2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Melanotic sarcoma of digestive tract and lungs.	2½ mons.
Due to Metastasis to the above structures from melanotic sarcoma of uterus.	2 yrs.
Due to	
Other conditions Myocardial degeneration. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
48B

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? 2.
(Specify type of place)
While at work? (e) Means of injury
23. Signature C H Thompson (M. D. or other) DO
Address New Florence, Mo. Signed 10-4-46

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(Licensed Embalmer's Statement on Reverse Side)

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 D. B. Baker, Registered Apprentice No. _____, working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.