

Registration District No. **182**

Primary Registration District No. **5684**

1. PLACE OF DEATH:

(a) County **Linn** **CLAY**  
(b) City or town **Rural Meadville Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3 mile North Meadville, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **50 years.**  
years, months or days)

3. (a) PRINT

FULL NAME **Sarah Emeline Brobst**

3. (b) If veteran,  
name war **No**

3. (c) Social Security  
No. **None**

4. Sex **Female** /  
race **White**

5. Color or  
race **White**

6. (a) Single, widowed, married,  
divorced **Widowed**

6. (b) Name of husband or wife  
**Theodore Brobst**

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased **August**  
(Month)

**8** **1859**  
(Day) (Year)

8. AGE:

Years **87** Months **2** Days **26**

If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace **Tracy**  
(City, town, or county)

**Iowa**  
(State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Van Ben Thuysen**

13. Birthplace \_\_\_\_\_  
(City, town, or county)

**Indiana**  
(State or foreign country)

14. Maiden name **Sarah Clayton**

15. Birthplace \_\_\_\_\_  
(City, town, or county)

**Scotland**  
(State or foreign country)

16. (a) Informant **Mrs. Elgin Botts**

(b) Address **Meadville, Missouri**

17. (a) **Burial** (b) Date thereof **11-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Botts Cemetery**

18. (a) Signature of funeral director **Norman Funeral Home**

(b) Address **Chillicothe, Missouri**

19. (a) **Nov. 9, 1946** (b) **Mrs. Budie Kelley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**  
(c) City or town **Meadville**  
(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 **November** day **4th**  
year **1946** hour **6** minute **10 A.** 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**  
**Chr. myocarditis**

Duration

**65 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 \_\_\_\_\_

23. Signature **Dr. J. D. ...** (M. D. or other)  
Address **Chillicothe MO.** Date signed **11-4-46**

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

MOTHER FATHER

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 *Elton J. Norman*.....

Licensed Embalmer No..... 4036.....

P. O. Address *XChillicothe, 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;**