

S. No. 2
DM-5-43
v. 5-17-39

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8 Imp 5377
State File No. _____

MAR 10 1947

Registration District No. 184

Primary Registration District No. 3032

Registrar's No. 5

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

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:
401 Peck St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 4 years

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 401 Peck St 2
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ETTA J. HARL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife W. K. Harl 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan - 5 - 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: Henry Smith

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

14. Maiden name: Annanda B. Smith

15. Birthplace: Sullivan Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary W. Thompson

(b) Address: Brookfield Mo

17. (a) Burial (b) Date thereof: Feb 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Grace Cemetery

18. (a) Signature of funeral director: Hill Funeral Home

(b) Address: Brookfield Mo

19. (a) 2-25-47 (b) Walter Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1947 hour 2 minute 15 P.

21. I hereby certify that I attended the deceased from
Dec 15 1946 to Feb 23 1947
that I last saw her alive on Feb 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of lower lip Duration 4 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 45A

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: W. B. Simpson (M. D. or other) DR

Address: Brookfield Date signed: 2-24-47

**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 J. B. Blacklock

Licensed Embalmer No. 2246

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.