

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16962**
Registrar's No. **87**

Registration District No. **82**

Primary Registration District No. **5308**

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: only
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 69 yrs 3 months 26 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove
(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 _____

3. (a) PRINT FULL NAME CAROLINE BROWNFIELD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mr. Henry Brownfield 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan 28 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business same

12. Name John Hartman

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

14. Maiden name Elizabeth Darringer

15. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gita L. Easer

(b) Address Marshall, Mo.

17. (a) Burial **(b) Date thereof** 5/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Cemetery

18. (a) Signature of funeral director Hays - Painter

(b) Address Pilot Grove, Mo.

19. (a) 5-27-47 **(b)** Dr. Hooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 9 minute - A.M.

21. I hereby certify that I attended the deceased from May 1, 1947, to May 25, 1947, and that death occurred on the date and hour stated above.

that I last saw her alive on May 25, 1947.

Immediate cause of death Chronic Nephritis & Uremia Duration 1 yr or more

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

131B

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 _____

23. Signature Chas. Landy (M. D. or other) _____
Address Pilot Grove Mo. **Date signed** 5/24/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-5-47

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 myself

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.