

U. S. No. 2  
4-1/47  
5-17-39

Primary Registration District No. 3038

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

1. PLACE OF DEATH:  
(a) County. Linn  
(b) City or town. Brookfield  
(c) Name of hospital or institution. 219 Hunt Street  
(d) Length of stay: In hospital or institution. 55 years  
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Linn  
(c) City or town. Brookfield  
(d) Street No. 219 Hunt Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Julia Honora Paradise  
(b) If veteran, name war. None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 5  
year 1948 hour 9 minute 00 a. M.

4. Sex. F / 5. Color or race. W  
6. (a) Single, widowed, married, divorced. W  
6. (b) Name of husband or wife. Frank C. Paradise  
7. Birth date of deceased. April 17, 1865

21. I hereby certify that I attended the deceased from 11-5-46 to 3-5-48  
that I last saw him alive on 3-5-48  
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardosis  
Due to Chronic Nephritis and Age  
Duration 18 mos. 15 yrs

8. AGE: Years 82 Months 10 Days 18

9. Birthplace. Hannibal, Mo.

10. Usual occupation. Housewife

11. Industry or business.  
12. Name. Cornelius Phillips  
13. Birthplace. Ireland  
14. Maiden name. Nancy Troy  
15. Birthplace. Ireland

Other conditions. (Include pregnancy within 3 months of death)  
Major findings: none  
Of operations. none  
Of autopsy. none  
PHYSICIAN

16. (a) Informant. Mrs. Angela Romans  
(b) Address. Brookfield, Mo.

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?  
(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

17. (a) Burial (b) Date thereof. 3/8/48  
(c) Place: burial or cremation. St. Michael Cemetery

18. (a) Signature of funeral director. Harold B. Wright  
(b) Address. Brookfield, Mo.

19. (a) 3/8/48 (b) Walter B. Brown

23. Signature. C. C. K... (M. D. or other)  
Address. Brookfield Mo Date signed. 3/6

**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 \_\_\_\_\_

*Harold B. Wright*

Licensed Embalmer No. \_\_\_\_\_

8718

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.