

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 16

FILED APR 28 1948

Registration District No. 109

Primary Registration District No. 4173

4

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

1. PLACE OF DEATH:

(a) County... Douglas

(b) City or town... Ava
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 1
(Specify whether)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Douglas 34

(c) City or town... Ava 1
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country... 1)

3. (a) PRINT FULL NAME... Irena Brotherton

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 3
year... 1948 hour... 9 minute... 45 P. M.

4. Sex... Female 5. Color or race... White

6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... W. B. Brotherton

6. (c) Age of husband or wife if alive... 81 years

7. Birth date of deceased... January 11, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from...
....., 19....., to....., 19.....
that I last saw him alive on 3-3-48
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	77	1	22 hr. min.

Immediate cause of death...
Toemia
Ca of liver
Due to... 24 yrs

9. Birthplace... Kings Port, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

Other conditions...
(Include pregnancy within 3 months of death)

11. Industry or business...

12. Name... James Hopkins

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

14. Maiden name... Lucy Ann Creecy

15. Birthplace... Tenn.
(City, town, or county) (State or foreign country)

Major findings:
Of operations... 264

Of autopsy...

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant... Mrs. Pearl Elliott
(b) Address... Ava, Missouri

17. (a) Burial, cremation, or removal... Burial (b) Date thereof... 3-6-48
(Month) (Day) (Year)

(c) Place: burial or cremation... Green Lawn, Walnut Grove

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?.....
(Specify type of place)

While at work? (e) Means of injury... 0

18. (a) Signature of funeral director... Clinkingbeard Funeral Home
(b) Address... Ava, Missouri

19. (a) 3-31-48 (Date received local registrar)
(b) Vestal Bushman (Registrar's signature) 74

23. Signature... M. C. Bentley (M. D. or other)
Address... Rvs. Mo Date signed... 3-5-48

RECEIVED
District Health Officer No. 67
District File Number 448-525-
Date Filed APR 26 1948

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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Arma MD

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.