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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

Registration District No. 194

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 30201

Registrar's No. 100

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #2 Warrensburg Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mildred Brookshier
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife T.J. Brookshier
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased September (Month) 25 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	11	20	hr. min.

9. Birthplace Miami (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Lee Jett
13. Birthplace Pike Co. (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name Luella Salmons.
15. Birthplace unknown. (City, town, or county) N. Carolina (State or foreign country)
16. (a) Informant J.T. Brookshier
(b) Address Rt. #2 Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-48 (Month) (Day) (Year)
(c) Place: burial or ~~xxxxx~~ Centerview. Mo.
18. (a) Signature of funeral director S weeney-Phillips
(b) Address Warrensburg Mo
19. (a) 9-16-1948 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 9-10 1948 to 9-15 1948
that I last saw her alive on 9-14 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arsenical poisoning	5 days
Due to: Hypertensive & Chronic	
Due to: interstitial Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: evidence of arsenical
Of autopsy: poisoning

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(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
23. Signature R. Lee Cooper (M. D. ~~or other~~)
Address Warrensburg Mo Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 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. Jack Phillips

Licensed Embalmer No. 456 C

P. O. Address Warrensburg 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.