

30311

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

39
X36671
FILED SEP 27 1948

Registration District No. 784

Primary Registration District No. 3038

Registrar's No. 77

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:
306 1/2 N. Main /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 10 years
years, (months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 306 1/2 N. Main
(If rural, give location)

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

3. (a) PRINT FULL NAME James L. Head

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nora Mae Payne 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 2, 1872
(Month) (Day) (Year)

Immediate cause of death _____
Death with out medical attenda Recently

Due to examined by Dr. Roy Haley and found to have a bad heart

Due to hypertension and asthma

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 76 Months _____ Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Linn County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - retired

11. Industry or business _____

12. Name Ira Head

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

14. Maiden name Catherine Evans

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

16. (a) Informant Mrs. Maryan Falconer

(b) Address Linneus, Mo.

17. (a) Burial (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Salem, Mo.

18. (a) Signature of funeral director Harold B. Wright

(b) Address Brookfield, Mo.

19. (a) 9/13/48 (b) Walter Brown
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy abc

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 _____

23. Signature Walter Brown (M.D. or other) _____
Address Brookfield Mo Date signed 9/13/48

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

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1
2

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. *3718*

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.