No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31837

Registration District No. ~~373~~ 373 Primary Registration District No. 6269 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Webster – Clark Township

(b) City or town Rural – ~~East Dallas Township~~
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Clark Street No. ~~East Dallas Township~~
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Ella Jewett Brixey

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Barney Brixey

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March (Month) – 11 (Day) – 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	9	x hr. x min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Fred Rost
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Del Kinssner
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Barney Brixey
(b) Address Marshfield, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9 (Month) – 21 (Day) – '48 (Year)
(c) Place: burial ~~or cremation~~ Pleasant Hill

18. (a) Signature of funeral director Rex Rainey
(b) Address Marshfield, Missouri

19. (a) 9-29-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 20
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-12, 1948, to 9-20, 1948
that I last saw her alive on 9-18, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	4 days.
Due to Acute Bronchitis	2 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature [signature] (M. D. or other) D.O.
Address Marshfield, Mo. Date signed 9/23/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1048-1142
Date Filed 10-9-48

NOV 4 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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.