2
47
39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 184

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5690

State File No. 37276

Registrar's No. 99

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town (Brookfield) Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Yellow Creek Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Brookfield (Rural) 3
(If outside city or town limits, write "RURAL")
(d) Street No. Yellow Creek Township
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Nettie May Carl

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife James Emery Carl

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

7. Birth date of deceased August (Month) 29 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	28	..... hr. ..... min.

9. Birthplace Holt County (City, town, or county), Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name David L. Lousignont
13. Birthplace unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah S. Miller
15. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Lucy Walsh
(b) Address R. F. D. Brookfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery Duffit, Mo.

18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield, Missouri

19. (a) 12-2-48 (Date received local registrar) (b) Walter B. Erwin (Registrar's signature) 11.11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1948 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Nov-23, 1948, to Nov-27, 1948
that I last saw her alive on Nov-26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute nephritis	1 week
Due to Arterial Hypertension	years
Due to Enlarged Spleen	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....
(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 H. H. Potter (M. D. or other) PO
Address Brookfield Mo Date signed 11-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Gerald E. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.