

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 227

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:  
629 Freeman St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)  
 In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58  
 (c) City or town Brookfield (If outside city or town limits, write "RURAL")  
 (d) Street No. 629 Freeman St (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESSIE VAUGHNILE MEMILLEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race R 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Eddie M. Miller 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June - 19 - 1907  
 (Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business { 12. Name Otis L. Scott

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

14. Maiden name Born a Buck

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

16. (a) Informant Eddie M. Miller  
 (b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Oct-10-49  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Rose Hill Cemetery  
Full Funeral Home

18. (a) Signature of funeral director Brookfield Mo  
 (b) Address Brookfield Mo  
 19. (a) 10-11-49 (b) W. E. Erwin 167  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
 year 1949 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 30 Oct 4 1949  
 that I last saw him alive on 30 Oct 4 1949  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism - aneurysm  
Myocardial infarction  
 Due to myocardial infarction  
 Due to \_\_\_\_\_

Other conditions Other Spinal injury  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 4201

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature W. E. Erwin (M. D. or other) all  
 Address Brookfield Mo Date signed 10-8-49

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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



**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 J. W. Blacklock  
Licensed Embalmer No. 2246  
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.**