

FILED OCT 16 1947

Registration District No. **163247**

Primary Registration District No. **5508**

Registrar's No. **209**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Rural Deepwater Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **4 W of Montrose**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **19 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bulah I Brill**

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

4. Sex **F** Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Paul Brill** 6. (c) Age of husband or wife if alive **53** years  
7. Birth date of deceased **9 1 1893**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **1** Days **8** If less than one day hr. min.

9. Birthplace **Kansas City MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Frank Zammalt**  
13. Birthplace **Kansas City MO**  
(City, town, or county) (State or foreign country)  
14. Maiden name **not known**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Brill**  
(b) Address **Montrose MO**

17. (a) **Rural** (b) Date thereof **10-12-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Montrose Cem**

18. (a) Signature of funeral director **Simon P Dunning**  
(b) Address **Clinton MO**

19. (a) **10-10-47** (b) **R.R. Kenny**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Henry**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4 W of Montrose**  
(rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **9**  
year **1947** hour **9:50** minute **a** M.  
21. I hereby certify that I attended the deceased from **July 1**  
**1947** to **Oct 1** **1947**;  
that I last saw her alive on **Oct 1** **1947**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**  
Due to **arterial hypertension** **10 yrs**  
**arterio-sclerosis**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **gk**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 **W.E. Baggaley** (M. D. or other) **MD**  
Address **Montrose MO** Date signed **10-9-47**

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

RECEIVED  
District Health Officer No. 7,  
District File Number 9-47-1173  
Date Filed 10-15-47

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 myself

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed J. H. Housey  
Licensed Embalmer No. 3502  
P. O. Address Calhoun 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.