

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14738

State File No.

Registration District No. 383 Primary Registration District No. 5534 Registrar's No.

1. PLACE OF DEATH:
(a) County Hawell
(b) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 6 years years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hawell
(c) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) Rural
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME David J. Brookshire
3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13
year 1941 hour 8 minute 30 P.M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Martha J. Brookshire 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan 1-1856 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1941 to April-14 1941
that I last saw h.e. alive on Jan 1st 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 3 Days 12 If less than one day hr. _____ min. _____

Immediate cause of death arrickular fibrillation
Due to age
Other conditions (Include pregnancy within 3 months of death) ASW

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name D. M. Brookshire

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

14. Maiden name Mary Shields

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

16. (a) Informant Arthy Brookshire

(b) Address Mountain View Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 41 (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director W. W. Mean

(b) Address Mountain View Mo.

19. (a) _____ (Data received local registrar) (b) W. W. Mean (Registrar's signature)

Major findings: Of operations _____
Of autopsy no

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? ✓

23. Signature G. Ferrell (M. D. or other) II
Address 343 (Specify type of place) While at work? _____ (e) Means of injury _____
Date signed 4-14-41

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

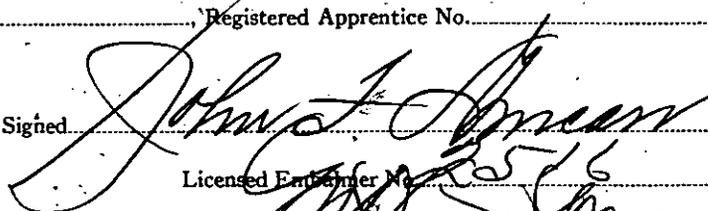
1600

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.....



Licensed Embalmer No. 2576

P. O. Address.....

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.