

No. 1-47
5-17-
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1940 MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15010

Registration District No. 470

Primary Registration District No. 4283

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon Mo
(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 76 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Mt Vernon Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? X 0 (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1941 hour 2 o'clock minute 2 M.
21. I hereby certify that I attended the deceased from Aug 29
1940 to April 28 1941
that I last saw her alive on April 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure & Cachexia
Due to Ch. Myocarditis
Bleed Haemorrhage Lt. lower leg (Popliteal artery thrombosis)
Other conditions: Gland Cell Ca. Rt. Breast
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Nettie Mae Brookmeyer
(b) If veteran, V name war
(c) Social Security No. X
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife X
(c) Age of husband or wife if alive X years
7. Birth date of deceased April 20 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Printer (Retired)

11. Industry or business News Paper work

12. Name Mr Brookmeyer

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

14. Maiden name Charlotte S. Shaley

15. Birthplace Bronx Co. New York
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Brookmeyer

(b) Address Mt Vernon Mo

17. (a) Burial (b) Date thereof Apr 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Vernon City

18. (a) Signature of funeral director Geo Bork

(b) Address Mt Vernon Mo

19. (a) 4-4-1941 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations: 50
Of autopsy:

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? 421 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
421 (Specify type of place)
While at work? (b) Means of injury
23. Signature Kenneth Glover M.D. (M. D. or other)
Address Mt Vernon Mo Date signed 4-4-41

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

5
2
0

RECEIVED

Death Certificate No. 8,

District 17

541-736

Date Filed

MAY 7 1941

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

George B. Quin

Licensed Embalmer No.

946

P. O. Address

W. Vernon 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.