

FILED OCT 28 1942

4099

Registrar's No.

147

1. PLACE OF DEATH

Cass

(a) County Pleasant Hill, Mo.
(b) City or town Pleasant Hill, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
Pleasant Hill, Mo.
(c) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Alma Mabel Bricker

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

4. Sex Female 5. Color white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Eber Bricker 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 20, 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Atlantic, Iowa, Denmark (City, town, or county) (State or foreign country)

10. Usual occupation Practical nursing

11. Industry or business

12. Name Neils Damgaard
13. Birthplace Denmark
14. Maiden name Mary Paulson
15. Birthplace Denmark

16. (a) Informant Charlotte Simpson (b) Address Pleasant Hill, Mo.

17. (a) Bural (b) Date thereof 10/21/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo. A.W. Brownfield

18. (a) Signature of funeral director (b) Address Pleasant Hill, Mo.

19. (a) Oct. 26/42 (b) Margaret Wolfe (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1942 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8/17, 1942, to 10/19, 1942, that I last saw her alive on 10/19/1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis, Arterio-sclerosis.

Due to
Due to
Other conditions (include pregnancy within 3 months of death) 938

Major findings: Of operations
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? (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) (e) Means of injury

23. Signature J. V. Murray (M. D. or other) Address Pleasant Hill, Mo. Date signed 10/21/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

19
20

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.....

By me oed 19-42....., Registered Apprentice No.
working under my personal supervision.

Signed *W Brownfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill*.....

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, above space should be left blank.