

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 179

FILED MAY 6 1943

Registration District No. 184

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brewfield
 (If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution:
Brewfield Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In _____ County _____
 _____ or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MACON
 (c) City or town NEW CAMBRIA
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LINDA KAY ROBERTS

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

4. Sex Female, race Wh. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: 4-10-43
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
0 0 7 hr. _____ min.9. Birthplace Brewfield Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Eura Roberts13. Birthplace Callas Mo
(City, town, or county) (State or foreign country)14. Maiden name Hiltha Norfol15. Birthplace New Cambria Mo
(City, town, or county) (State or foreign country)16. (a) Informant Eura Roberts(b) Address Callas Mo17. (a) Burial (b) Date thereof 4-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Callas Mo18. (a) Signature of funeral director H. A. Edwards(b) Address Brewfield Mo19. (a) 4-21-1943 (b) H. A. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1943 hour 9 minute 30 P.M.21. I hereby certify that I attended the deceased from 4-10
1943 to 4-10 1943
that I last saw her alive on 4-10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Atelactasis
Due to Breast carcinoma (metastasis)
Due to _____Other conditions None
(Include pregnancy within 3 months of death)Major findings: None

Of operations _____

Of autopsy None

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 C. E. Smith (M. D. or other) _____
Address Brewfield Mo Date signed 4/20

Duration

7 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

58
1
2

456

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

M. S. Edwards

Licensed Embalmer No. *1961*

P. O. Address. *Bevier, 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.