DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

Registration District No. 43

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5135

State File No. 21186

Registrar's No. 175

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Fisk, R. 1. Ada Hill Dr.
(If outside city or town limits, write "RURAL" and name of township)

(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Fisk. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Gennette Brockett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 27, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	17	hr. min.

9. Birthplace Hamilton Co. Ill, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeprer

11. Industry or business

FATHER
12. Name Henry Bess
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 4 England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. S. Hill,
(b) Address Fisk, Mo. R. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 44 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery Ill.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter Mo.

19. (a) 5/22/44 (Date received local registrar) (b) Belle Linne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Feb. 10, 1944, to May 12, 1944
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure

Due to Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

93d

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Gordon Hemphill 2 (M. D. or other) 00

Address Fisk, Mo. Date signed 5/19/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office N
District File Number 644-8
Date Filed 6-14-

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.