

FILED DEC 7 1944

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1194

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Hours 15 Min.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6310 Sherman St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Carol Ann Brushwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 December 4, 1944  
(Month) (Day) (Year)

8. AGE Years Months Days  
Newborn Preterm

If less than one day 8 hr. 15 min.

9. Birthplace St. Joseph  
(City, town, or county)

Missouri  
(State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Cecil Clyde Brushwood

13. Birthplace Frazier  
(City, town, or county)

Missouri  
(State or foreign country)

14. Maiden name Bernice Sarah Novak

15. Birthplace St. Joseph  
(City, town, or county)

Missouri  
(State or foreign country)

16. (a) Informant Cecil Clyde Brushwood

(b) Address 6310 Sherman St.

17. (a) Burial (b) Date thereof Dec. 5, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. G. G. G.

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-5-44 (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1944 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 4 44 to Dec 5 44 that I last saw her alive on Dec 5 44 and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity - 7mo gestation. Anemic, fluid lost few hours previous to birth at 11:55 PM 12/4/44.

Due to No other known maternal or fetal cause. Other conditions Wt. 3 pounds.  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?  
(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 [Signature] (M. D. or other) Address St. Joseph, Mo. Date signed 12-5-44

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

MOTHER FATHER

