

FILED DEC 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39082

State File No. _____

Registration District No. 215

Primary Registration District No. 6240

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Courtois Harmon
(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 Washington
(c) City or town Courtois
(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 Olevia Elizabeth Brakefield

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Robert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 20 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Goodwater Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin F. Brooks
13. Birthplace Leopold
(City, town, or county) (State or foreign country)
14. Maiden name Janice E. Thompson
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Brakefield
(b) Address Courtois Mo.

17. (a) _____ (b) Date thereof 12/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Courtois

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1944 hour 7 PM minute 10 P M.

21. I hereby certify that I attended the deceased from 1941
_____ 19____, to _____ 19____;

that I last saw her alive on Aug _____ 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to following
Multiple Neuritis
or Arteriosclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 108
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Truesdell (M. D. or other) 12/2/44
Address Courtois, Mo. Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.