

FILED MAY 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. 13774

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 44

1. PLACE OF DEATH

(a) County Winn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
114 Sherman Street 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 months (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Winn 58  
(c) City or town Brookfield 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 114 Sherman St 2  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JOHN ISAAC CARY

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

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced M 2

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: May-1-1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 11 12 hr. min.

9. Birthplace: Milledoville Ill 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: \_\_\_\_\_

12. Name: John Cary

13. Birthplace: Ill 1  
(City, town, or county) (State or foreign country)

14. Maiden name: Rose Bassett Miller

15. Birthplace: Ill 1  
(City, town, or county) (State or foreign country)

16. (a) Informant: Roy Cary  
(b) Address: Brookfield Mo

17. (a) Burial (b) Date thereof: Apr-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Rose Hill

18. (a) Signature of funeral director: Hill Funeral Home  
(b) Address: Brookfield Mo

19. (a) 4/15/46 (b) Evelyn Kelly, Reg  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13  
year 1946 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 10  
1946 to April 13 1946  
that I last saw him alive on April 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Duration \_\_\_\_\_

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: gms PHYSICIAN \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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: Dr. V. Deen (M. D. or other) MD  
Address: Brookfield Mo Date signed: 4/15/46

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 *J. H. Blacklock*  
Licensed Embalmer No. *2246*  
P. O. Address *Brookfield 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.**