

FILED JUL 13 1942
Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 135

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage - Rural - Marion Twp
 (c) Name of hospital or institution:
R. R. #4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 28 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sarah L. Brixey
 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, ~~married~~
 6. (b) Name of husband or wife J. P. Brixey
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 7 1869
 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 20
 If less than one day _____ hr. _____ min.

9. Birthplace Seymore Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business home

MOTHER FATHER
 12. Name John Brixey
 13. Birthplace no data / Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucina Childers
 15. Birthplace no data / Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. D. E. Brixey
 (b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof 6/30/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Seymour, Mo

18. (a) Signature of funeral director W. E. Nelson
 (b) Address Lebb City, Missouri

19. (a) June 30, 1942 (b) Elizabeth Couplin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. R. R. #4
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1942 hour 5:40 minute P. M.
 21. I hereby certify that I attended the deceased from June 26, 1942, to June 27, 1942,
 that I last saw her alive on June 27, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cholera
 Due to _____
 Due to _____
 Other conditions Myocarditis
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 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?
 _____ (Specify type of place)

While at work? _____ (Specify type of place) _____
 23. Signature A. B. Wheeler (M.D. or other) P.O.
 Address Carthage, Mo Date signed 6/29/42

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

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42.6.565

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..... *C. W. Hedger*

Licensed Embalmer No. *2859*

P. O. Address *Wichita, 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, above space should be left blank.