

FILED FEB 2 1942

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town California Tenn
(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
In this community 40 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Julia Ann Brezendine

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 23 year 1942 hour minute M.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 11 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1938 to Jan 23 1942
that I last saw her alive on Jan 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

8. AGE: Years Months Days If less than one day
79 11 12 hr. min.

Duration
Due to 97
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business

12. Name Abner Brezendine

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Susan Apperson

15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Eduard Brezendine

(b) Address California Mo

17. (a) Burial (b) Date thereof Jan 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Town Cem

18. (a) Signature of funeral director William Fredman

(b) Address California Mo

19. (a) Jan 27 42 (b) ms. James Roth
(Data received local registrar) (Registrar's signature)

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 270

23. Signature J. A. Benore (M. D. or other) D.D.

Address California Date signed 1/27/42

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

MOTHER FATHER

510

FEB 4 1942

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

H. E. Williams

Licensed Embalmer No.

3537

P. O. Address

California 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.