

11098

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4

Registration District No. 349

Primary Registration District No. 5499

Registrar's No. 349

1. PLACE OF DEATH:

- (a) County Henry
 (b) City or town Calhoun "Rural" Dem
 (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
- 28 days
- (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME JAMES HARRISON BRASHEAR

3. (b) If veteran, name war. 3. (c) Social Security No. 626

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife
- Laura Brashear
6. (c) Age of husband or wife if

alive nov. 24 1856 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 5 If less than one day
hr. min.

9. Birthplace monroe County mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation
- Farmer
- 9

11. Industry or business

12. Name
- Wm Harrison Brashear

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

14. Maiden name
- Shultz

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

16. (a) Informant's own signature
- W H Brashear

- (b) Address

17. (a)
- Burial
- (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation
- Versailles, Mo.

18. (a) Signature of funeral director
- Edith J. Simpson

- (b) Address
- Clinton, Mo.

19. (a)
- march 31-1940
- (b)
- Edith J. Simpson

- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Henry
 (c) City or town Calhoun "Rural"
 (If outside city or town limits, write "RURAL")

- (d) Street No.
- 0
- (If rural, give location)

- (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 29
 year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from

Mar. 25, 1940 to March 29, 1940;that I last saw him alive on March 29, 1940,

and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart-Disease Duration 5 yrs.Due to RheumatismDue to 1st

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none

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 T.A. Blackmore (M. D. or other)Address Windsor, Mo Date signed 3-30-40

RECEIVED
District Health Officer No. 7,
District File Number 4-40-538
Date Filed 4-2-40

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

Fred. Wellkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton M.

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.