

Registration District No. 468

Primary Registration District No. 4281

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Marionville  
(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 2  
(Specify whether

In this community all life  
years, months or days)

8. (a) PRINT FULL NAME Joseph Walter Brashers

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. no.

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

6. (b) Name of husband or wife Mary Brashers 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 2 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Genie B. Brashers

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

14. Maiden name Marrett Bates

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

16. (a) Informant Mrs. Mary Brashers

(b) Address Marionville Mo.

17. (a) Rural (b) Date thereof Nov. 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Billing, Mo.

19. (a) Nov. 22, 1940 (b) Laura O. Connady  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Marionville, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1940 hour 11 minute 25 AM/PM

21. I hereby certify that I attended the deceased from Oct 24/40  
1940, to Nov 20/40, 1940

that I last saw him live on Nov 20th, 1940  
and that death occurred on the date and hour stated above. 11 25 AM

Immediate cause of death Leukemia of stomach Duration \_\_\_\_\_

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

Due to \_\_\_\_\_ HD

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 419 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. M. Holmes (M. D. or other) \_\_\_\_\_  
Address Marionville Mo Date signed 11-23-40

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

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

FILED DEC 11

RECEIVED

District Health Officer No. 6,

District File Number 1240-2970

Date Filed DEC 9 1940

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,         

        , Registered Apprentice No.         

working under my personal supervision.

Signed         

Licensed Embalmer No. 3649

P. O. Address Billings, 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.