

No. 2
13-40
7-39
X-23

FILED JAN 25 1941 241
Registration District No.

Primary Registration District No. 4147

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town BUFFALO
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

(c) City or town BUFFALO
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Jackie Brasfield

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 41 hour 5 minute 30 A. M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 1 (Month) 6 (Day) 41 (Year)

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

21. I hereby certify that I attended the deceased from 1-6-41 to 1-6-41, 1941, to 1-6-41, 1941.
that I last saw her alive on 1-6-41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death maternal

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

10. Usual occupation _____

Due to maternal birth

Due to 104

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name Earl Brasfield

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

14. Maiden name Bessie Coker

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Earl Brasfield

(b) Address BUFFALO MO

17. (a) Burial (b) Date thereof 1-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLARK

18. (a) Signature of funeral director L. B. Jones

(b) Address BUFFALO MO

19. (a) 1-10-41 (b) Harry Morrow
(Date 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? 218
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature V. H. G. [unclear] (M. D. or other) 0

Address Buffalo Mo. Date signed _____

RECEIVED

District Health Officer No. 7,

District File Number 1-41-132

Date Filed 1-14-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.