

FILED FEB 18 1941

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4625

Registration District No. 851

Primary Registration District No. 4520

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Sullivan Co.
(b) City or town Osgood Mo.
(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 life time years, months or days

3. (a) PRINT FULL NAME Arminnie Brown Brassfield

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

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Jan 29 - 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmers wife (now retired)

11. Industry or business Farming

12. Name Silas Peters

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

14. Maiden name Catherine Weston
15. Birthplace U.S.A. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred McCullough

(b) Address Osgood Mo

17. (a) Burial (b) Date thereof Jan 24 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campground Cem

18. (a) Signature of funeral director R. C. Weston

(b) Address Salt Mo

19. (a) Jan 28 - 41 (b) Lulu South
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Osgood
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1941 hour 8:00 minute a M.

21. I hereby certify that I attended the deceased from 1-13-1941 to 1-23-1941
that I last saw her alive on 1-22-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 10 da.

Due to _____
Due to _____

Other conditions Medical resuscitation
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
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? _____

970
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. C. Weston (M.D. or other)
Address Salt, Mo Date signed 1-23-41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-353

Date Filed FEB 15 1941

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.