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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18827

Registration District No. _____ Primary Registration District No. 740-5071 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Ray
(b) City or town: Rural Route
(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 years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Ray 89
(c) City or town: Hardin - Rural 0
(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.? Native 0 years.

3. (a) PRINT FULL NAME: Clara Brashear
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Tom Brashear
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: June (Month) 6 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
75	11	9	hr. min.

9. Birthplace: Hardin Ray Co (City, town, or county) U (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business _____
12. Name (Father): Thomas Carlisle
13. Birthplace (Father): Bury St Langland (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Linda Holt
15. Birthplace (Mother): Bury St Langland (City, town, or county) (State or foreign country)
16. (a) Informant: Tom Brashear
(b) Address: Hardin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 18-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hardin Cem
18. (a) Signature of funeral director: Jno W. Knipscheer
(b) Address: Hardin Mo
19. (a) May 17-1941 (Date received local registrar) (b) W. L. Willeford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day May year 1941 hour 5 minute 25 P. M.
21. I hereby certify that I attended the deceased from May 13, 1941, to May 15, 1941; that I last saw her alive on May 15, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis Hemiplegia - Left side	2 days
Due to: Arterio Sclerosis	15 yrs
Due to:	
Other conditions: High Blood Pressure (Include pregnancy within 3 months of death)	2 yrs

Major findings: Of operations: no
Of autopsy: no

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature: Marion Brims (M. D. or other) 5
Address: Hardin, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-17-41
Date Filed

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed John W. Knipsetild

Licensed Embalmer No. 2789

P. O. Address Hardin, Mt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
-41
27852

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18827

Registration District No. 740 Primary Registration District No. 3975 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Ray

(b) ~~City or town~~ Crooked River T.P.
(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 (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Brashear

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

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

8. AGE: Years 75 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. [illegible]

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis
Hemiplegia left side
Due to Due to Hemorrhage
arteriosclerosis
Due to

Other conditions High Blood Pressure
(include pregnancy within 3 months of death)

Major findings:
Of operations Paralysis Due to Cerebral Hemorrhage
Of autopsy JZW

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Marvin Grimes (M. D. ~~or other~~)

Address Hardin, Mo Date signed 8/9/41

S-18827 1941