

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19212**  
Registrar's No. **1**

Registration District No. **846**

Primary Registration District No. **6283**

1. PLACE OF DEATH:

(a) County **Stone**  
(b) City or town **rural** (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(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)

3. (a) PRINT FULL NAME **Mack Louis Brashers**

3. (b) If veteran, ☒ name war **✓** 3. (c) Social Security No. **No.**

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

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

7. Birth date of deceased **Dec. 17. 1875** (Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **7** If less than one day hr. min.

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

10. Usual occupation **Farming**

11. Industry or business **James Brashers**

12. Name **James Brashers** 13. Birthplace **Tex 1** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Blades** 15. Birthplace **mo. 0** (City, town, or county) (State or foreign country)

16. (a) Informant **Tildie Brashers** (b) Address **Marionville, Mo. R-1**

17. (a) **Burial** (b) Date thereof **May 26 41** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blades Chapel**

18. (a) Signature of funeral director **J.W. Maple**

(b) Address **Claver - mo.**

19. (a) **6-7-1941** (b) **H. G. Chumey** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stone**  
(c) City or town **rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **Marionville - R # 1. 0** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24<sup>th</sup>** year **1941** hour **10** minute **a** M.

21. I hereby certify that I attended the deceased from **May 15** 19**41** to **May 23** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis**

Due to **Pneumonia - 76 W**

Due to **Spontaneous Apoplexy**

Other conditions (Include pregnancy within months of death)

Major findings: Of operations

Of autopsy

Duration **17 days**

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?

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

23. Signature **A. P. Crute** (M. D. or other)

Address **Claver, Mo.** Date signed **5-24-41**

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

RECEIVED

District Health Officer No. 6,

District File Number 641-928

Date Filed JUN 10 1941

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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 \_\_\_\_\_

*T. W. Maples*

Licensed Embalmer No. 2985

P. O. Address Chlor 210

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.