

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1941

Registration District No. 749

Primary Registration District No. 4984

State File No. 39205
Registrar's No. 5

1. PLACE OF DEATH:
(a) County REYNOLDS
(b) City or town RURAL
(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 Missouri (b) County REYNOLDS
(c) City or town "Rural"
(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.

3. (a) PRINT FULL NAME JOHN HENRY BRAWLEY
3. (b) If veteran, _____ 3. (c) Social Security name war _____ No. _____

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANCIS E. BRAWLEY
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased MAY 14 1967
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 _____ hr. _____ min.

9. Birthplace ST FRANCIS CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation TIMBER

11. Industry or business _____

MOTHER FATHER
12. Name JOSEPH BRAWLEY
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name LUCY PARK
15. Birthplace TENNY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address _____
17. (a) BURIAL (b) Date thereof 7/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEDFORD CEMETERY

18. (a) Signature of funeral director John A. Luebel
(b) Address Director Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1941 hour 12:30 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 7, 1941, to July 14, 1941;
that I last saw him alive on July 7, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place)
(Means of injury)
23. Signature C. M. Hildbrand (M. D. or other) C. M. H.
Address Director Mo Date signed 7/13/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED -
District Health Officer No. 5
District File Number. 8411887
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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Lee R. Luchel
Licensed Embalmer No. 3475
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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 749

Primary Registration District No. 5984

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Rural - Lesterville
(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)

3. (a) PRINT FULL NAME John H. Brawley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 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 May 14 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mrs. Frances E. Brawley

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7/14/41 (b) E. M. Britton
(Date received local registrar) (Registrar's Signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1941 year 1941 day _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Lesterville

