

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41563

State File No.

Registrar's No.

JAN 7 1942

Registration District No. 165

Primary Registration District No. 5238

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural-Jefferson Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community X years, months or days)

3. (a) PRINT FULL NAME Barbara Alice Brasher

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife S. T. Brasher 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased Sept. 26, 1862 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 5 3 X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business X

12. Name Chas. Robinson 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant C. W. Brasher  
(b) Address Dunnegan, Mo.  
17. (a) Burial (b) Date thereof 1-1-1942 (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Alder Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) 1-3-42 (b) Mrs. Myrtle Bright (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar 20  
(c) City or town Rural-Jefferson Township 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1941 hour 7:30 A.M. minute  M.

21. I hereby certify that I attended the deceased from Dec. 10 19 41 to Dec. 8 19 41  
that I last saw him alive on Dec. 8 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to 92b

Due to 92b

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature J. B. Bare (M. D. or other) D.O.  
Address Stockton, Mo. Date signed 1-1-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1024

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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.....

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.**