

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6509

State File No. _____
Registrar's No. 80

Registration District No. 288

Primary Registration District No. 5406

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

1. PLACE OF DEATH:

(a) County... DUNKLIN
(b) City or town... RURAL INDEPENDENCE, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
KENNETT MISSOURI R70 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... _____
(Specify whether
In this community... 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... DUNKLIN
(c) City or town... RURAL
(If outside city or town limits, write "RURAL")
(d) Street No... KENNETT MISSOURI #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 4th
year 1942 hour 1 P. minute _____ M.
21. I hereby certify that I attended the deceased from JUNE 2, 1939
1939 to FEBRUARY 1, 1942
that I last saw her alive on FEBRUARY 1ST 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart - No compensation
Duration 1939 to 1942

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 9502
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Paul Baldwin (M. D. or other) M.D.
Address KENNETT MISSOURI Date signed 2-5-42

3. (a) PRINT FULL NAME MARTHA JANE (MATTIE) BRASHERS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 / 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 4th 18 71
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 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 NATHAN BRASHERS
(b) Address KENNETT MISSOURI

17. (a) BURIAL (b) Date thereof FEB 5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M'COUGHLIN CEMETERY

18. (a) Signature of funeral director W. EMMERSON
(b) Address PARAGONIA ARKANSAS

19. (a) 2-12-1942 (b) Paul Baldwin
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2

District File Number 342-306

Date Filed 3-6-42

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.