

FILED JUL 16 1942

Registration District No. 518

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ Route 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ada May Brazeal

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Brazeal 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased. January 15 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Rowe
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Wiesman
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Nova Keeton
(b) Address Ava, Mo. Star R

17. (a) Burial (b) Date thereof 6-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Ho
(b) Address Ava, Missouri

19. (a) 6/13/42 (b) W B Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1942 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from June 12, 11:30 am, 1942, to June 13, 1942, that I last saw her alive on June 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Academia
Chronic nephritis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 131h
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. Dallas Smith (Specify type of place) _____
While at work? _____ (M. D. or other) MD
Address Springfield Mo Date signed _____

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..... *W.B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address..... *Wm Wm*

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.

X