. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25051
State File No.

Registration District No. 698 Primary Registration District No. 5926 Registrar's No. 7

83
0
0

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: New Market
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No
In this community: 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 83
(a) State: Missouri (b) County: Platte 0
(c) City or town: New Market 0
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William Rufus Brashear
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: Single years
7. Birth date of deceased: August (Month) 7 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	11	16	hr. min.

9. Birthplace: Weston (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: None
FATHER 12. Name: William Rufus Brashear
13. Birthplace: Scott Co. (City, town, or county) Kentucky / (State or foreign country)
MOTHER 14. Maiden name: Nancy Kitchen
15. Birthplace: Scott Co. (City, town, or county) Kentucky / (State or foreign country)
16. (a) Informant: George Kitchen
(b) Address: 2110-Fayett St. N-Kansas City.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/ 25/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge, Cem.
18. (a) Signature of funeral director: Lucian Davis
(b) Address: Dearborn, Missouri
19. (a) July 24th. (Date received local registrar) (b) Mrs Clay Lifer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1942 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 22, 1942 to July 23, 1942 that I last saw him alive on July 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration: 2 Days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 940
Major findings: Of operations:
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: M. H. Hoge (M. D. or other)
Address: Dearborn Mo Date signed 7/23/42

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Platte
District File Number 8-42-64
Date Filed 8-10-42

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Deatson Mo

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.