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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

Registration District No. 876

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6282

38406

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MACOMB CLARK TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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: 114

(a) State MISSOURI (b) County WRIGHT 0

(c) City or town MACOMB 0
(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 0

3. (a) PRINT FULL NAME JAMES WILLIAM BRASEAL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT (Month) 26 (Day) 1942 (Year)

8. AGE: Years | Months 1 | Days 25 | If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name JAMES O. BRASEAL
13. Birthplace MACOMB (City, town, or county) MO. (State or foreign country) 0

MOTHER
14. Maiden name LUCY F. CRAMER
15. Birthplace (City, town, or county) NEBRASKA (State or foreign country)

16. (a) Informant James O. Braseal
(b) Address MACOMB MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation MACOMB CEM.

18. (a) Signature of funeral director G. A. Stiffe
(b) Address MANSFIELD MO

19. (a) 12-1-1942 (Date received local registrar) (b) Mrs Charles Cramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 26
year 1942 hour 12 minute 0 A.M.

21. I hereby certify that I attended the deceased from Nov 13, 1942, to Nov 20, 1942
that I last saw him alive on Nov 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Colitis	2 or 3 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

119a

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 J. A. Frison (M. D. or other)
Address Mansfield Mo Date signed Nov 1942

1064 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1672
DEC 7 1942
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.....

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.