

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22570

State File No.

Registrar's No.

DEED JUN 18 1943

Registration District No. 336

Primary Registration District No. 6128

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Rural, Eminence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community 25 Years
years, months or days)

3. (a) PRINT FULL NAME Elijah D. Brawley

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie J. Brawley 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 21st 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Carroll Brawley
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Brilla Davis
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Etta B. Bales

(b) Address Eminence

17. (a) Burial (b) Date thereof 6/13, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eminence, Mo

18. (a) Signature of funeral director John F. Duncan

(b) Address Mountain View, Mo

19. (a) 6-12-43 (b) Frank Hyde MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1943 hour 4 minute 30 a.m.

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

Immediate cause of death Cerebral hemorrhage -
apoplexy

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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 Frank Hyde (M. D. or other).....
Address Eminence Mo Date signed 6-12-43

RECEIVED

District Health Officer No 5,

District File Number. 143-377

Date Filed 6-16-43

DEC 22 1943

SEP 22 1943

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. 2516

P. O. Address W. H. Rice Co.

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.