S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

Parrish 41391

State File No.

Registrar's No. 324

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1007 N. Luther /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1 3

(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1007 N. Luther
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emma F. Brassfield

3. (b) If veteran, name war

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 James A. Brassfield

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. (Month) 15 (Day) 1872 (Year)

8. AGE: Years 71 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Bowen (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Daniel Barger
13. Birthplace (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name Martha Willard
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant James Brassfield
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Madison Cemetery

18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Mo.

19. (a) 12/27/43 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 2:30 minute A: M.

21. I hereby certify that I attended the deceased from July 1st, 1943, to Dec. 9th, 1943
that I last saw her alive on Dec. 8th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of left Mammary Gland	6 mo.
Due to ✓	
Due to ✓	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy ✓	

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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 [signature] (M. D. ~~or other~~)
Address Kirksville, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-12
Date Filed JAN 7 1944

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 Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.