

Registration District No. 134

Primary Registration District No. 5491

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Rural - Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3 1/2 North Blythdale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison
(c) City or town Rural 3 North
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N. Blythdale
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Mary Brazelton
(b) If veteran, name war _____ (c) Social Security No. 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 16
year 1943 hour 6: minute 30 P.M.

4. Sex Female 5. Color or race W.
6. (b) Name of husband or wife Ackes Brazelton deceased
7. Birth date of deceased Nov 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 16, 1943, to Dec 18, 1943;
that I last saw h. et alive on Dec 18, 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months 1 Days 17
If less than one day hr. _____ min. _____

Immediate cause of death Bronchial Pneumonia Duration 2 days
Due to Arterial Sclerosis yes
Due to Senility

9. Birthplace Jackson County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bank Clerk

11. Industry or business _____

12. Name Clark Farrell

13. Birthplace Fraserburg, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. A. Westman

15. Birthplace Fraserburg, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ackes Brazelton
(b) Address 3 1/2 North Blythdale Mo

17. (a) Burial (b) Date thereof Dec-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blythdale Cemetery

18. (a) Signature of funeral director W. B. Shaw
(b) Address Ridgeway Mo

19. (a) 12-21-43 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 5 months of death) _____
Major findings: 107
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature James T. Yee (M. D. or other) MD
Address Blythdale Mo Date signed 12-20-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

R. M. Rogers

Licensed Embalmer No. *3576*

P. O. Address *Ridgeway Ave*

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, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 yr. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Mary Brogerton

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 7

5. Color or
race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 1
(Month) (Day) (Year)

8. AGE:

Years 90 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director P. R. Bogges

(b) Address Ridgeway No. 1

19. (a) 12-21-48 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 21 Year 1948 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

S-42394