

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town RAYMONDVILLE JACKSON
(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 11 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County TEXAS ¹⁰⁷
(c) City or town RAYMONDVILLE ¹
(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 _____

3. (a) PRINT FULL NAME MAGGIE BELL BRACHEAR

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GEORGE S. BRACHEAR 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 10 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace AUDRIN CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JOSEPH MILLER
13. Birthplace VA.
(City, town, or county) (State or foreign country)
14. Maiden name SALLEY GOODNIGHT
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. BRACHEAR

(b) Address SUMMERSVILLE MO

17. (a) BURIAL (b) Date thereof 3/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK DATE

18. (a) Signature of funeral director Rayford V. Elliott

(b) Address HOUSTON MO

19. (a) 3/2/44 (b) Mrs. Ella Deuff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1
~~1944~~ year 4 hour _____ minute a. M.

21. I hereby certify that I attended the deceased from MAY 1936 to MAR 1 1944
that I last saw her alive on FEB. 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION Duration _____

Due to HYPERTENSIVE-CARDIO-RENAL VASCULAR DISEASE

Other conditions ANEURISM CAROTID ARTERY
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 13/2
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 C. M. Delfman (M. D. or other) MD
Address Houston MO Date signed 3-1-44

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

07
00

RECEIVED

District Health Officer No. 5,

District File Number 444240

Date Filed 4.10.44

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 Frank E. Hood

Licensed Embalmer No. 4024

P. O. Address Houston, 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.