

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1019 S. Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 14 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 S. Third
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Riley Jefferson Brakefield

3. (b) If veteran, name war No 3. (c) Social Security No. 486-12-4245

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Martin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 12, 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Dent Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Car Helper

11. Industry or business Mo. Pac. R.R.

MOTHER FATHER { 12. Name B. Brakefield
13. Birthplace Dent Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Brooks
15. Birthplace Dent Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dennis Brakefield

(b) Address 1019 S. Third St. DeSoto, Mo

17. (a) Burial (b) Date thereof Aug. 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo

19. (a) 9-28-44 (b) Arvin Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr. 25 1944 to Aug. 22 1944 that I last saw him alive on Aug. 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - Stomach Duration 17+

Due to _____

Due to _____

Other conditions 46 lb
(Include pregnancy within 3 months of death)

Major findings: 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 D

23. Signature Quart B. Jolley (M. D. or other) M. D.

Address DeSoto, Mo. Date signed 8/23/44

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

9-11-44

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 _____

Licensed Embalmer No. 3531

P. O. Address. Detroit, Mich

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.