

FILED AUG 18 1945

Registration District No. **100** Primary Registration District No. **3002** Registrar's No. **100**

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: 323 Woodlawn St. 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew

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

(d) Street No. 323 Woodlawn St. 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HOWARD S. BRASHEAR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1945 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Jan, 1945, to July 27, 1945.
that I last saw him alive on July 25, 1945,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July - 28 - 1991
(Month) (Day) (Year)

Immediate cause of death _____

Due to Carcinoma lung
Lymphatic Leukemia
Hypernephroma Kidney

Due to note - Carcinoma of lung was
direct metastasis from Kidney

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

8. AGE: Years 54 Months 0 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Doctor of Medicine

11. Industry or business _____

12. Name Wilton F. Washburn

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

14. Maiden name Edna Condy

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 470

Underline the cause to which death should be charged statistically.

16. (a) Informant Wilton F. Washburn

(b) Address Waxburg MO

17. (a) Burial (b) Date thereof July 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waxburg MO

18. (a) Signature of funeral director Margaret Mackie

(b) Address Waxburg MO

19. (a) 7/30/45 (b) Margaret Mackie
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 _____ (b) Means of injury _____

23. Signature Francis Jolley (M. D. or other MD)
Mexico, Mo. Date signed 7/30/45

RECEIVED

District Health Officer No. 10

District File Number 8-45-1251

Date Filed AUG 16 1945

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. 1132

P. O. Address Mexico 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.