S. No. 2
M—2-43
5-17-39
I X35397

WRITE PLAINLY—USE UNFADING BLACK INK 15306 A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1946

State File No. 16419

Registration District No. 132 Primary Registration District No. 5476 Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution: R7D #2 TRENTON 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 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 4

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

(d) Street No. R.7.D #2 Trenton Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LARRY WAYNE BRASSFIELD

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased March (Month) 12, (Day) 1944 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	0	15	— hr. — min.

9. Birthplace Trenton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name DWIGHT BRASSFIELD
13. Birthplace GRUNDY COUNTY (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name MOGENE CRAWFORD
15. Birthplace GRUNDY COUNTY (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Dwight Brassfield
(b) Address Trenton Mo R7D #2

17. (a) Hon Cr burial (Burial, cremation, or removal) (b) Date thereof March 28, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hon Creek Chapel Cem

18. (a) Signature of funeral director Raymond A Dunn
(b) Address Trenton Mo.

19. (a) 3-27-46 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1946 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from March 18th, 1946, to March 27th, 1946, that I last saw him alive on March 27th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess — Duration 2 weeks

Due to Secondary to Left Ear Infection — 2 weeks

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 80a

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 Oliver T. Duffy (M. D. or other) M.D.

Address Trenton Mo. Date signed March 27th 1946

115 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER **DISTRICT HEALTH OFFICE**

Cameron, Mo.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.