

No. 2  
M-5-43  
5-17-39  
1 X38671

DEPARTMENT OF HEALTH  
FILED DEC 24 1946  
MADE IN THE U.S.A.  
CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1011

Registration District No. 128 Primary Registration District No. 2,000

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution:  
819 N. Campbell Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 819 N. Campbell Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALFRED JEFFERSON BRAYFIELD  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fannie Brayfield  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 28, 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 15th  
year 1946 hour 12:00 Noon minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Dec 14 1946 to Dec 15 1946  
that I last saw him alive on Dec 15 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Sudden Heart Attack Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
71 11 18 hr. \_\_\_\_\_ min.

Due to Chronic Myo-carditis 2 years

9. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions no  
(Include pregnancy within 3 months of death)

10. Usual occupation Iron molder  
11. Industry or business Standard Elec. Castings Co.  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Major findings: no  
Of operations \_\_\_\_\_  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Fannie Brayfield  
(b) Address 819 N. Campbell Ave., Springfield, Mo  
17. (a) Burial (b) Date thereof Dec. 17, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation East Lawn

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? no (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) (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Bred C. Friems  
(b) Address Springfield, Mo.  
19. (a) 12-17-46 (b) W J Handy MD  
(Date received local registrar) (Registrar's signature)

23. Signature Richard Wellens (M. D. or other) MD  
Address Springfield Mo Date signed 12-16-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

111

**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..... *Ralph N. Thieme* .....

Licensed Embalmer No. *3681* .....

P. O. Address *Springfield - 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.**