No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28140

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: North Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural, R#-- 0
(If outside city or town limits, write "RURAL")

(d) Street No. No. Main Street 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lawrence Raymond Brasher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Opal

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

7. Birth date of deceased November 29, 1912
(Month) (Day) (Year)

8. AGE: Years 34 | Months 7 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Prosperity, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Trash hauler

11. Industry or business

FATHER
12. Name no record 0
13. Birthplace " " 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " " 0
15. Birthplace " " 0
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Brasher
(b) Address North Main St., Joplin, Mo. R#

17. (a) Burial (b) Date thereof 7-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 7-8-47 (b) Dolores Lampkins D.R.
(Date received local registrar) (Registrar's signature) 1201

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1947 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from 7-3-, 1947, to 7-3, 1947
that I last saw him alive on 7-3-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Complete Heart Block — Duration 15 min

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 95 A

Major findings:
Of operations

Of autopsy Thrombus on tricuspid valve.

PHYSICIAN

Underline the cause of 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 2

Signature R. A. Mahoney (M.D. or other) Do.

Address Joplin, Mo Date signed 7/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-634

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.