

S. No. 2
OM-5-43
v. 5-17-39
I X38671

FILED DEC 31 1947

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **260**

1. PLACE OF DEATH:

(a) County **Dunklin**

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

(c) Name of hospital or institution:
Home 1.
(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 **Since 1931 - 16 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Julia Wilson Brasfield**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White** 6. (a) Single **widowed**, married divorced _____

6. (b) Name of husband or wife **Hugh Robb Brasfield** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **1 - 18 - 1857**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	11	0	hr. _____ min. _____

9. Birthplace **Muskogean Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife - retired**

11. Industry or business **home**

12. Name **Joseph Napier Wilson**

13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Cousins**

15. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Paul Baldwin**

(b) Address **Kennett - mo**

17. (c) **Burial** (b) Date thereof **12-21-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wigwille, mo.**

18. (a) Signature of funeral director **Paul Baldwin**

(b) Address **Kennett mo**

19. (a) **12-20-1947** (b) **Earl Thurman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin 25**

(c) City or town **Kennett 2**
(If outside city or town limits, write "RURAL")

(d) Street No. **200 West Washington 2**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **18th**
year **1947** hour **2:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 20**, 19**32** to **Dec 18**, 19**47**;
that I last saw her alive on **Dec 18**, 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Arthritis deformans - General Transition**

Duration **15y**

Due to _____

Due to _____

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

Major findings: **59B**

"Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **0**

23. Signature **Paul Baldwin** (M. D. or other) **M.D.**

Address **Kennett mo** Date signed **12-24-47**

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

225

RECEIVED

District Health Office No. 2,

District File Number 1247-1635

Date Filed 12-29-47

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 Walter D. Leonard

Licensed Embalmer No. 4457

P. O. Address Kennett, 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.