S. No. 2
DM—5-43
V. 5-17-39
o I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3674

Registration District No. 327 Primary Registration District No. 6145 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: Rural - Salt River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
In this community (Specify whether years, months or days): 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 miles west Shelbina
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lula Vance Brashear

3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband ~~or wife~~: William Meredith Brashear
6. (c) Age of husband ~~or wife~~ if alive: 74 years
7. Birth date of deceased: October (Month) 15 (Day) 1880 (Year)

8. AGE: Years 67 Months 2 Days 20 If less than one day: hr. min.

9. Birthplace: Shelbina (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —

MOTHER FATHER
12. Name: William Prentice
13. Birthplace: Louisville (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Laura Thomas
15. Birthplace: Lemmington (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs Lee Collins
(b) Address: Shelbina Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbina, Mo.
18. (a) Signature of funeral director: C. Harper
(b) Address: Shelbina, Mo.
19. (a) Jan 17-47 (Date received local registrar) (b) Ruth Joiner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 5 year: 1948 hour: 10 minute: P.M.
21. I hereby certify that I attended the deceased from 1-4, 1948, to 1-5, 1948; that I last saw her alive on 1-5 10:00 pm, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
Due to: Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: John W. Duncan (M. D. or other) DO.
Address: Shelbina, Mo. Date signed: 1-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1:48-10
Date Filed JAN 19 1948

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.