o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 8 1948
Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 9258
Registrar's No. 351

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 days (Specify whether
In this community 72 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Alton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William Herbert Braswell
3. (b) If veteran, name war no
3. (c) Social Security No. 490-14-0699
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Emma Johnson Braswell
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August (Month) 18 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	6	6	hr. min.

9. Birthplace Alton (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Thomas Jefferson Braswell
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country) 1
MOTHER
14. Maiden name Arte Mishie Haddleston
15. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Thayer, Mo
18. (a) Signature of funeral director Leland Carter Furn-Home
(b) Address Thayer, Mo
19. (a) 3/9/48 (Date received local registrar) (b) [signature] (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1948 hour 8 minute 30 a M.
21. I hereby certify that I attended the deceased from December 15, 1947, to February 24, 1948; that I last saw him alive on February 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	over 10 yrs.
Due to	
Due to	
Other conditions apoplexy (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13B

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 0
23. Signature Royce Dickman (M. D. or other)
Address Mo. State San., Mount Vernon, Mo. Date signed 2-24-48

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

RECEIVED
District Health Officer No. 6,
District File Number 348-311
Date Filed MAR 21 1940

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.