

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
**MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH**

State File No. **9590**

FILED MAR 24 1948

Registration District No. **258**

Primary Registration District No. **5860**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Oregon**
(b) City or town **Koshkonong (Rural)**
(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 _____ (Specify whether
In this community **Lifetime** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon**
(c) City or town **Koshkonong (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **16**
year **1948** hour **3** minute **00** P. M.

21. I hereby certify that I attended the deceased from **1/10/48**
_____, 19____, to **1/16/48** 19____;
that I last saw her alive on **1/16** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Due to **Chr. Pyelonephritis**

Due to _____

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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)

23. Signature **Charles A. Taylor** (M. D. or other) **M.D.**
Address **Monmouth, Oregon** Date signed **1/21/48**

Duration

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME **Letha Lee Brazeal**

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 **Jess Brazeal** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Jan. 15 1886**
(Month) (Day) (Year)

8. AGE: Years **62** Months **-** Days **3** If less than one day **br. min.**

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **J. E. Vaughn**
13. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Minervia Moran**
15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jess Brazeal**
(b) Address **Koshkonong, Mo.**

17. (a) **Burial** (b) Date thereof **1/19/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Koshkonong, Mo.**

18. (a) Signature of funeral director **Jess Brazeal**
(b) Address **Koshkonong, Mo.**

19. (a) **3-5-48** (b) **Edith Cross**
(Date received local registrar) (Registrar's signature) **368**

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

75
00

75
0
0
0

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 348197

Date Filed 3-20-48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.