

No. 2
M-5-43
5-17-39
X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9600

State File No.

Registration District No. 258

Primary Registration District No. 4390

Registrar's No.

ENCLOSED 606
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MAR 20 1948

1. PLACE OF DEATH:

(a) County Assegeneta

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Yrs. years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Assegeneta

(c) City or town Meta
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. Mimmie E. BRASIER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16, year 1948 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 10 1948 to Feb 16 1948 that I last saw her ER alive on Feb 16 and that death occurred on the date and hour stated above.

4. Sex FE!

5. Color or race W.

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife FRANK BRASIER

6. (c) Age of husband or wife if alive 85 years (Day) (Year)

7. Birth date of deceased october 12 1898
(Month) (Day) (Year)

Immediate cause of death Myocardial Failure

Due to Hypostatic pneumonia 3da.

8. AGE: Years Months Days If less than one day

70 4 3 hr. min

Due to _____

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

9. Birthplace Danvers Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Major findings: Of operations _____

Of autopsy III

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Andrew Bray

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Saba Gabis

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Frank Brasier

(b) Address Meta, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 2 18 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Watts Cemetery

18. (a) Signature of funeral director H. H. Strop

(b) Address Meta, Mo.

19. (a) 2/16/48 (Date received local registrar) (b) Rose Rowan (Registrar's signature) 237

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature W. H. Moore (M.D.)

Address Argyle, Mo. Date signed Feb 16 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 *H H Strop*.....

Licensed Embalmer No. *2924*.....

P. O. Address *meta md*.....

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.