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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 756

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37082

Primary Registration District No. 2001

Registrar's No.

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

49
2
5

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2025 West 20th. Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Jasper 999
(c) City or town Picher 34
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME WALLAS JACKSON BRASHEAR
3. (b) If veteran, name war
3. (c) Social Security No. 2
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY 10, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	9	10	hr. min.

9. Birthplace MARSHFIELD, MISSOURI 0 (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business MINING
FATHER
12. Name JAMES H. BRASHEAR 0
13. Birthplace MARSHFIEED, MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ALICE BROWN
15. Birthplace IOWA 1 (City, town, or county) (State or foreign country)
16. (a) Informant RALPH BRASHEAR
(b) Address 2025 W. 20th. St, Joplin, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation G.A.R. Miami, Oklahoma
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 11-23-48 (Date received local registrar) (b) Ted James by Barbara Langsdale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1948 hour 12:40 minute P. M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Did not attend
Immediate cause of death Chronic Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 0
Of autopsy 0
Duration

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
24. Signature W. H. Bryant M.D. (Title or position)
Address Joplin Date signed 11-24-48

138 (Licensed Embalmer's Statement on Reverse Side)

48-12-998

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.