

FILED APR 2 1949

STANDARD CERTIFICATE OF DEATH

State File No.

7896

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Daviess</u> <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> <u>1</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Township</u> <u>None</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jameson</u> <u>3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Highway No. 6 East Gallatin</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
3. NAME OF DECEASED a. (First) <u>Gerald</u> b. (Middle) <u>Ray</u> c. (Last) <u>McBrayer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1949</u>
5. SEX <u>Male</u> <u>U</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 19 1925</u>
9. AGE (In years last birthday) <u>23</u> <u>4</u> <u>8</u>		IF UNDER 14 YEARS: Hours <u>8</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sollie McBrayer</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Whitt</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>488-22-6043</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sollie McBrayer, 2810 E. 12th</u> ADDRESS <u>K.C. Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u> INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caught head between</u> DUE TO (c) <u>Car cushion + door/whent</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Car overturned,</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 6, E. Gallatin</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gallatin Union Daviess Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 27 1949 2:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car turned over side!</u>	
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>About 2A</u> m., from the causes and on the date stated above.			
22a. SIGNATURE <u>Clayton E. Nelson, Coroner</u> (Degree or title)		22b. ADDRESS <u>Gallatin, Mo.</u>	22c. DATE SIGNED <u>3-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-29-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>
DATE REC'D BY LOCAL REG. <u>51 March 1949</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Dickerson</u>	ADDRESS <u>Home Gallatin, Mo.</u>

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *L. O. Rickerson* \_\_\_\_\_

Licensed Embalmer No. *3392* \_\_\_\_\_

P. O. Address *Fallston, 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.