

FILED FEB 13 1940

Registration District No. 318

Primary Registration District No. 2001

95

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sam Brayfield 614

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mamie Lowey Brayfield 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 26 1882  
(Month) (Day) (Year)

8. AGE: Years 2 57 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Boiler Maker

11. Industry or business Frisco R.R.

12. Name W. I. Brayfield

18. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name unk.

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

18. (a) Informant Josephine Montgomery  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 1 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo. 390

19. (a) 2/1/40 (b) Chas. A. George  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 920 N. Rogers  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29  
year 1940 hour 12 minute 15 p.m.

21. I hereby certify that I attended the deceased from January 24, 1940  
\_\_\_\_\_ 19\_\_\_\_ to January 29, 1940  
that I last saw him alive on January 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Thrombosis 20 min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Kenneth C. Selt (M. D. or other) M.D.  
Address Springfield, Mo. Date signed Feb 4, 1940

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

MOTHER FATHER

00000 1.071 017

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**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, above space should be left blank.**

X