

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29119

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 24 1940

Registration District No. 667 Primary Registration District No. 4334 Registrar's No. 64

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie Mo.
(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 45 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mississippi
(c) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME ROSA LEE BRASHEAR

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 16 year 1940 hour 3:55 minute P M.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Dec 31, 1939, to Aug 16, 1940 that I last saw h. ex alive on July 27, 1940 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Cerebral Apoplexy

7. (b) Name of husband or wife George Leonard Brashear 6. (c) Age of husband or wife if alive 66 years

Due to _____
Due to _____

7. Birth date of deceased Sept 21, 1878 (Month) (Day) (Year)

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years 61 Months 10 Days 25 If less than one day hr. min.

Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Union Co. Ky. (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? _____

10. Usual occupation Keeping house

11. Industry or business _____

12. Name Thomas Brown 9

13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Helena Malls 9

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant George Leonard Brashear
(b) Address East Prairie Mo.

17. (a) Burial (b) Date thereof Aug 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation W.P.W.

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.
19. (a) _____ (b) _____ (Registrar's signature)

23. Signature Geo. W. Whitaker (M. D. or other) 1
Address East Prairie, Mo. Date signed 9/2/40

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

MOTHER FATHER

RECEIVED

District Health Officer

District File Number 940-1

Date Filed 9/13/2

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.