

Registration District No. 799 Primary Registration District No. 4479 State File No. 5-1
Registrar's No. 5-1

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(c) Name of hospital or institution 1221 Euclid St
(d) Length of stay: In hospital or institution 30 years
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(d) Street No. 1221 Euclid St
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Carrie May Brasse
(b) If veteran, name war ✓ (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 13
year 1940 hour 6 minute 30 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased Oct 25 - 1880

21. I hereby certify that I attended the deceased from Aug 17, 1939, to Dec 13, 1940
that I last saw her alive on Dec 13, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 1 Days 18 If less than one day 1 hr. 1 min.

Immediate cause of death Cancer of stomach Duration 3hr
Due to Carcinoma, uterus with Hemorrhage 8-10-39

9. Birthplace near Petersburg, Va
10. Usual occupation House wife

Due to None
Other conditions None
Major findings: Futur Cervical Carcinoma 2/25-40
Of autopsy: Carcinoma uterin

11. Industry or business None
12. Name David Alexander Dempsey
13. Birthplace Virginia
14. Maiden name Editha Kate Childers
15. Birthplace Virginia

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant W B Brasse
(b) Address Slater Mo
17. (a) Funeral (b) Date thereof Dec 16-40
(c) Place: burial or cremation Slater City Center
18. (a) Signature of funeral director Tom H. Balger
(b) Address Slater Mo
19. (a) 12/16/40 (b) W.M. Tuttle

23. Signature W E Lockwood (M. D. or other)
Address Slater Mo Date signed 709

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

97
8
1

MOTHER, FATHER

RECEIVED
District Health Officer No. 8,
District File Number 1-13-41
Date Filed

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 _____

Licensed Embalmer No. 31413

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.