

No. 2
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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15169

State File No. _____

Registration District No. 547

Primary Registration District No. 2029

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Stammbel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
714 Grand Avenue
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution Not in hospital
(Specify whether years, months or days)
In this community since March 1, 1941

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Muscatine
(c) City or town Muscatine 13
(If outside city or town limits, write "RURAL")
(d) Street No. 209 Baker Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1941 hour 11:40 minute 0 P. M.
21. I hereby certify that I attended the deceased from April 1
1941 to April 27 1941;
that I last saw her alive on April 27 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Deloris Emma Brawley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 7, 1928
(Month) (Day) (Year)

8. AGE: Years 13 Months 2 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Stammbel, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home

11. Industry or business _____
12. Name George Lester Brawley
13. Birthplace Stammbel, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Feble
15. Birthplace Stammbel, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Rummery
(b) Address Muscatine, Iowa
17. (a) Removal (b) Date thereof April 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Muscatine, Iowa
18. (a) Signature of funeral director Ray P. Schubert
(b) Address Stammbel, Mo.
19. (a) April 28, 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

Immediate cause of death Edema of lungs
Due to Bronchitis
Infection
Due to fatal Paratyphoid
and one year old
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?
no
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. B. Whitney (M. D. or other) _____
Address Stammbel, Mo. Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

Ray P. Schwartz

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ray P. Schwartz

Licensed Embalmer No. *17650*

P. O. Address *Hannibal, 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, above space should be left blank.