S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1941

Registration District No. 464

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25277

Primary Registration District No. 5558

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson Washington
(b) City or town Hickman Mills
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 71 - Highway & 110th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Unknown
(c) City or town Conway
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas S Braswell

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Berlin Braswell

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Sept (Month) 2 (Day) 1909 (Year)

8. AGE: Years 31 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Eldorado (City, town, or county) Ark (State or foreign country)

10. Usual occupation Service Sta Operator

11. Industry or business Service Station

FATHER
12. Name Ben W. Braswell
13. Birthplace Eldorado (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Rosser Lewis
15. Birthplace Village (City, town, or county) Ark (State or foreign country)

16. (a) Informant Mrs Thomas S Braswell
(b) Address Conway Ark

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fordyce Ark

18. (a) Signature of funeral director N. B. Langsford
(b) Address Lees Summit Mo.

19. (a) 7-24-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

36 (Sub)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16-41
year hour minute 7 45 A M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Airplane Crash

Due to Crushing Injury & Chest

Due to 173-6

Other conditions
(Include pregnancy within 3 months of death) 34

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 7-17-41
(c) Where did injury occur? Jackson (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Airplane Crash (Specify type of place)
While at work? (e) Means of injury

23. Signature Russell W. Ben (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 3833

P. O. Address Lee's Summit 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.