

FILED MAR 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 552

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Koshkonong Myatt Twsp.  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town Koshkonong (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edgar Wayne Brazeal

3. (b) If veteran, name war 22 3. (c) Social Security No. --

4. Sex Male 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 August 31 1938  
(Month) (Day) (Year)

8. AGE: Years 5 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Lunie Brazeal

13. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Watson

15. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lunie Brazeal

(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 1/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayside Cem.

18. (a) Signature of funeral director None

(b) Address \_\_\_\_\_

19. (a) 2-3-44 (b) Thayer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14  
year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Dec 15  
1944 to Jan 14 1944  
that I last saw him alive on Jan 14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Duration 4 weeks

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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) (e) Means of injury None

23. Signature Thayer (M. D. or other) M.D.

Address Cooper Date signed 2-2-44

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

46  
9  
0

46

0

0

112J

RECEIVED

District Health Officer No. 5.

District File Number

844170

Date Filed

2-6-44

**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, fact should be so stated above.**