

FILED MAY 28 1945

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
 (b) City or town Piedmont
 (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 60 years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds ⁹⁰
 (c) City or town Piedmont
 (If outside city or town limits, write "RURAL") ⁰
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) ⁰
 If yes, name country _____

3. (a) PRINT FULL NAME John Monroe Brawley

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Matilda Catherine 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 9 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 10 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown ⁹

14. Maiden name Unknown (State or foreign country)

15. Birthplace Unknown ⁹

16. (a) Informant William Brawley

(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof May 20, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphy Cem. NEAR Piedmont

18. (a) Signature of funeral director [Signature]

(b) Address Piedmont Mo.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1945 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from April 16, 1945 to May 19, 1945 that I last saw him alive on May 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of prostate (exact type unknown) metastasis to hip, chest & skull.

Major findings: Of operations _____ Of autopsy [Signature]

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? _____

23. Signature [Signature] (M.D. or other) _____
 Address Piedmont, Mo. Date signed 5/21/45

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

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

1136

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1945

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

Roman W. Gish

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.

Registration District No. (300)

Primary Registration District No. 6029

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Bedmont Rural Logan
(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 60 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town _____ (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 John Monroe Brantley

3. (b) If veteran _____ name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 9 1885
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace St. J. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace W. Mo (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant W. Brantley

(b) Address Bedmont, Mo

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof 5-12-44 (Month) (Day) (Year)

(c) Place: burial or cremation Murphy Co

18. (a) Signature of funeral director J. W. Fish

(b) Address Bedmont, Mo

19. (a) July 5-45 (Date received local registrar)

(b) Essie Evans (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 9
Year 1944 Hour _____ minute _____ 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 Malignancy of prostate & rectum
lymph node

Due to _____

Due to metastasis to hip, chest & skull

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature D. H. Clark M.D.
Bedmont, Mo (M. D. or other) Date signed 5/3/45

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



