

FILED OCT 23 1946 STANDARD CERTIFICATE OF DEATH

State File No. 33252

Registration District No. 128

Primary Registration District No. 2900

Registrar's No. 826

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: st John's 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 754 West Hovey 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward Brazeal

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Brazeal 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Typewriter Business

11. Industry or business _____

12. Name J.W. Brazeal

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Belle Burnett
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ida Brazeal

(b) Address 754 W. Hovey Springfield, Mo

17. (a) Burial (b) Date thereof 10/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 10-19-46 (b) J. W. Handy md
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 22, 1946 to Oct. 12, 1946
that I last saw him alive on Oct 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death handry Paralysis Duration 10 days
Due to cause undetermined

Due to _____
Other conditions 12 2P
(Include pregnancy within 3 months of death)

Major findings: Left Inguinal Hernia
Of operations Hemorrhoids
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 _____
23. Signature George Hobeboom (M. D. or other) 0
Address Springfield Mo Date signed 10/13/46

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

7
2
6

328

MAR 3 1949

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 *W. R. Hamilton*.....

Licensed Embalmer No. 3808.....

P. O. Address. Springfield, 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.