

S. No. 2  
OM-5-42  
v. 5-17-39  
X32873

388039

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 16 1946**  
Registration District No. 300

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 6029

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Reynolds  
(b) City or town Redford mo 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Reynolds  
(c) City or town Redford mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIRGINIA GALE BRAWLEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 19  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 18 46  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 24 hr. \_\_\_\_\_ min.  
9. Birthplace Redford mo  
(City, town, or county) (State or foreign country)

Due to hemorrhage naval cord hemorrhage  
Due to same  
Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name S. O. Brawley  
13. Birthplace Lesterwille mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Faithline Barnes  
15. Birthplace Redford mo  
(City, town, or county) (State or foreign country)  
16. (a) Informant S. O. Brawley  
(b) Address Redford mo  
17. (a) \_\_\_\_\_ (b) Date thereof Oct 20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Redford mo  
18. (a) Signature of funeral director S. O. Brawley  
(b) Address Redford mo  
19. (a) Dec 8/46 (b) Essie Evans  
(Date received by registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
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 J. R. Lytle Coover (M. D. or other)  
Address Centerwille mo Date signed Oct 20

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

RECEIVED

District Health Officer No. 5,

District File Number 12466-23

Date Filed 12-13-46

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**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.**