No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7705

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 94

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 908 W. Burton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 908 W. Burton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Minerva Frances Brassfield
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: William D. Brassfield
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Feb. (Month) 23 (Day) 1867 (Year)

8. AGE: Years 80 | Months 0 | Days 9 | If less than one day: hr. min.

9. Birthplace: Adair County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: Epherham Collop
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ica Welcher
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: William D. Brassfield
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ft. Madison Cmt.
18. (a) Signature of funeral director: D. E. Kelly
(b) Address: Kirksville, Missouri
19. (a) 3-28-47 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mch. day: 2 year: 1947 hour: 8:00 minute: A. M.
21. I hereby certify that I attended the deceased from October 8th, 1947, to March 1, 1947; that I last saw her alive on March 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Coronary Sclerosis	5 yrs
Due to: Cardio-vascular-renal disease	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Howard E. Green (M. D. or other) M.D.
Address: Kirksville, Mo. Date signed: 3-17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-47-619
Date Filed APR - 1 1947

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 Dee Riley

Licensed Embalmer No. H181

P. O. Address Kirksville 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.