

FILED APR 17 1947

Registration District No. 175

Primary Registration District No. 5646

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt 3 Marionville 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary M. Brashers

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Joseph Brashers 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Jan. 13 1895
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Lawrence Co
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Henderson Hubbard

13. Birthplace Lawrence Co
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Decker

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

16. (a) Informant Mrs. Ured Leath

(b) Address Marionville Mo

17. (a) Burial (b) Date thereof Feb 26 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo

18. (a) Signature of funeral director H. P. Fessett
(b) Address Madison, Mo.

19. (a) Apr 4 - 47 (b) Orla Mc Nally
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville, Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1947 hour 4 minute 52 P.M.

21. I hereby certify that I attended the deceased from Feb 23
1947 to 2/23, 1947
that I last saw her alive on 2/19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Granuloma

Due to Post-epoplexion
of the brain

Due to Complications

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

Major findings: Of operations _____
Of autopsy 106B

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? 1 (Specify type of place) (e) Means of injury _____

23. Signature Penyth Glover (M. D. or _____)
Address Marionville Mo Date signed 2/27/47

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

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

MOTHER FATHER

157

RECEIVED

District Health Officer No. 6;

District File Number 447-400

Date Filed APR 15 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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed *May L. Fossett*.....

Licensed Embalmer No. *4252*.....

P. O. Address *M. Vernon 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.