No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 13 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24099

Registration District No. 147 — Primary Registration District No. 1002 — Registrar's No. 3210

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5329 Montgall (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) About 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 5329 Montgall (If rural, give location) 8 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lee Armour Brasher

3. (b) If veteran, name war World War 1

3. (c) Social Security No. unknown

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Jimmie Brasher

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

7. Birth date of deceased December (Month) 23 (Day) 1896 (Year)

8. AGE: Years 50 Months 7 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Lexington (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Harvey H. Brasher
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Mattie Carter
15. Birthplace Lafayette Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Mattie Carter

(b) Address 5329 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/'47 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bell

(b) Address 1212 Vine St., K. C., Mo.

19. (a) 7-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1947 hour 2 minute 11 A.M.

21. I hereby certify that I attended the deceased from Jan 1944 to July 26th 1947 that I last saw him alive on July 24 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	1 yr.
Due to Diabetes	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
Of autopsy

PHYSICIAN — Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Thos. A. Jones M.D. or other

Address 1612 E 12th St. Date signed 7/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., K.C., M

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.