

Registration District No. 227

Primary Registration District No. 5805

Registrar's No. 2

1. PLACE OF DEATH:
 (a) County Monroe.
 (b) City or town Rural (Jefferson Township.)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Perry, Missouri R.F.D. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community All of Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Monroe. 69
 (c) City or town Rural (Jefferson Township) 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 Miles S.W. of Perry, Mo. 0
(If rural, give location)
 (e) Citizen of foreign country? No. 0
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Susie C. Brashears.
 3. (b) If veteran, name war.....
 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 1st.
 year 1948 hour 6:30 minute P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife R.L. Brashears.
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased January, 1, 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20
 1947 to Dec 31 1947
 that I last saw or alive on Dec 31 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cancer of hip -

8. AGE: Years Months Days If less than one day
70 5 24 hr. min.

Due to metastases from cancer of breast
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 50
 Of autopsy.....

9. Birthplace Monroe County, Missouri.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife.

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) (e) Means of injury.....

11. Industry or business Home.
 12. Name B.F. Vaughn.
 13. Birthplace Monroe County, Missouri.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Poage.
 15. Birthplace Monroe County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant R.L. Brashears
 (b) Address Perry, Missouri R.F.D.
 17. (a) Burial (b) Date thereof 1-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Southfork Cemetery.

23. Signature E.T. Swan (M.D. or other) 20.
 Address Perry Mo. Date signed 1-2-48

18. (a) Signature of funeral director Elyde Wilcox
 (b) Address Perry, Mo.
 19. (a) 1-12-48 (b) Elbert Baker, M.D.
(Date received local registrar) (Registrar's signature)

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

9

RECEIVED

District Health Officer No. 1

District File Number 1-48-10

Date Filed JAN 19 1948

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 *Clyde Wilsey*

Licensed Embalmer No. *3826*

P. O. Address *Perry, 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.