

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20266

Registration District No. 255 Primary Registration District No. 5874 Registrar's No.

1. PLACE OF DEATH:
(a) County Oregon King
(b) City or town
(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.
In this community years, months or days

3. (a) PRINT FULL NAME James Lee Brawley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased October 24 1914 (Month) (Day) (Year)

8. AGE: Years 12 Months 4 Days 2 1/2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Ralph J. Brawley

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

14. Maiden name

15. Birthplace Olathe, Louisiana Black (City, town, or county) (State or foreign country)

16. (a) Informant Ralph J. Brawley

(b) Address Wildesman 700

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Wildesman 700

18. (a) Signature of funeral director

(b) Address Wildesman 700

19. (a) 7-2-48 (b) M. W. Johnson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Oregon 75
(c) City or town Wildesman Mo 0
(d) Street No. 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 6 P.M. minute M.
21. I hereby certify that I attended the deceased from June 20 to June 26, 1948, to June 6, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death acute thrombosis Duration 18 hours

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy no 132

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) No
(b) Date of occurrence No
(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?

23. Signature (Specify type of place) While at work? (e) Means of injury
Signature M. D. or other
Address Date signed

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

MOTHER FATHER

~~Date Filed 7-6-48~~
~~District File Number 7118439~~
District Health Officer No. 5,
RECEIVED 7-6-48

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.