

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
608 Hardin, Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)
In this community 55 Years

3. (a) PRINT FULL NAME John Milton Brazelton

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 18, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>74</u>	<u>3</u>	<u>23</u>	hr. min.

9. Birthplace Somerset Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Shop employee

11. Industry or business St. Railway Co.

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant Mrs. Cora Brazelton

(b) Address 608 Hardin, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Stanley J. ...

(b) Address St. Joseph, Mo.

19. (a) 11-19-48 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 608 Hardin, Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1948 hour 2 minute 40 a.m.

21. I hereby certify that I attended the deceased from October 20, 1948, to NOVEMBER 11, 1948; that I last saw him alive on NOVEMBER 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL DEGENERATION 6 MOS.

Due to ARTEROSCLEROSIS GENERAL UNK.

Other conditions ARTERIOSCLEROTIC HEART DISEASE UNK.

Other conditions SENILITY UNK.

Major findings: Of operations NONE 93P

Of autopsy NONE

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 Allen Salsman (M. D. or other) MD

Address 1202 FARADAY ST. Date signed 11-11-48

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

MOTHER, FATHER

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

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.....

George A. Keeby....., Registered Apprentice No. *264*
working under my personal supervision.

Signed *Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph,*

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.