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7-39  
X26390

Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 1213

FILED JUL 7

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester & Dietrich Rds.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Manchester  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County FFS  
(c) City or town Benton (If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Franklin Brazil

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security Number 419-03-9116

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wilma D. Brazil 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased April 5 1905  
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saline Co. / Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Concrete Finisher

11. Industry or business Harrison Construction Co.

12. Name A. D. Brazil

13. Birthplace Saline Co. / Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Hyatt

15. Birthplace Saline Co. / Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. D. Brazil

(b) Address Saline Co. Ark.

17. (a) Removal (b) Date thereof 6-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton, Arkansas.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

(c) JUN - 9 1941 (Date received local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1941 hour 6:20 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death While operating his own automobile struck a bridge on a public highway. Duration \_\_\_\_\_

Due to Multiple fractures and hemorrhage and concussion of brain.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 170 C  
Of operations \_\_\_\_\_  
Of autopsy Yes 27

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) Accident.

(b) Date of occurrence June 8, 1941 6:20

(c) Where did injury occur? Bonhomme Township  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 9

23. Signature Louis H. Bopp Inc. (M. D. or other)

Address Kirkwood, Mo. Date signed 6/9/41

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

**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

*John M. Meyer*

Licensed Embalmer No.

*3288*

P. O. Address

*Hickwood, 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.**