

S. No. 2
M-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25104

FILED AUG 13 1947

Registrar's No. 74

Registration District No. 277

Primary Registration District No. 3057

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
655 East Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 655 Main Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bettie Belle Brady

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1947 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 12-47, 19... to 7-17-47, 19...
that I last saw her alive on 7-17-47, 19...
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married or divorced Widowed

6. (b) Name of husband or wife Durward B. Brady

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

7. Birth date of deceased January 20, 1867
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia Duration 2 days

Due to Apoplexy 5 days

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

Other conditions Valvular Heart Disease ?
(Include pregnancy within 3 months of death)

9. Birthplace Rock Bridge County, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Charles B. Kirtpatrick

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

14. Maiden name Isabelle Kerr
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dr. Thomas A. Brady

(b) Address Columbia, Missouri

17. (a) Burial (b) Date thereof 7/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

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? _____

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Missouri

19. (a) July 9-1947 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

23. Signature J. L. J. Cook (M. D. or D. O.) XXXX
While at work? _____ (Specify type of place) Means of injury _____
Address Richmond, Mo. Date signed 7-18-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-12-47

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 James Sweet

Licensed Embalmer No. 4096

P. O. Address Richmond, Me.

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.