

S. No. 2
M-5-43
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FILED JUN 11 1948

Registration District No. **297**

Primary Registration District No. **3087**

Registrar's No. **48**

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

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
West Main Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 41 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray **89**
 (c) City or town Richmond
(If outside city or town limits, write "RURAL")
 (d) Street No. West Main Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHESTER BRADY
 3. (b) If veteran, name war None
 3. (c) Social Security No. 495-07-1080

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 28th day May
 year 1948 hour 5:20 minute P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male **0** 5. Color or race White
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 23, 1907
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death
Chronic myocarditis
 Due to asthma, alcoholism

9. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

Due to _____
 Other conditions 932
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Hiram Brady
 13. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Flora Bryan
 15. Birthplace Fairberry, Nebraska
(City, town, or county) (State or foreign country)

Major findings: 932
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Hiram Brady
 (b) Address Richmond Mo.
 17. (a) Burial (b) Date thereof May 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richmond, Missouri

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 Thurman Funeral Home
 (b) Address 627 East Main St., Richmond, Mo.
 19. (a) June 5-1948 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature) 112

While at work _____ (Specify type of place)
 (c) Means of injury 3
 23. Signature Malcolm Jackson **Coroner**
 Address Richmond Mo. Date signed 6/1-48

RECEIVED

District Health Officer No. 8,

District File Number

6-10-48

Date Filed

OCT 16 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.....

William D. Thurman

Registered Apprentice No. 65

working under my personal supervision.

Signed

William D. Thurman

Licensed Embalmer No. 2073

P. O. Address. Richmond, Missouri

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.