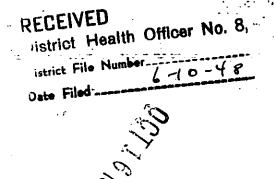
THE STATE BOARD OF HEALTH OF MISSOURI S. No. 2 DEPARTMENT OF COMMERCE STANDARD CERTIFICATE OF DEATH FILED JUN 1 1 1948 I ×36671 Registration District No. 297 Primary Registration District No.__ 2. USUAL RESIDENCE OF DECEASED. Co. 1. PLACE OF DEATH: Ray PERMANENT RECORD (a) State Missouri (b) County (a) County..... (b) City or town Richmond Richmond. (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If outside city or town limits, write "RURAL") West Main Street (d) Street No. West Main Street (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution..... (e) Citizen of foreign country? NO 41 years In this community... years, months or days) If yes, name country, MEDICAL CERTIFICATION 3. (a) PRINT FULL NAME... CHESTER BRADY 20. DATE OF DEATH: Month 28th INK-MAKE A 3. (c) Social Security 3. (b) If veteran. year...... 1948 No. 495-07-1080 None 21. I hereby certify that I attended the deceased from 5. Color or 6. (a) Single, widowed, married 4. Ser Male race White divorced_divorced and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if Duration WRITE PLAINLY—USE UNFADING BLACK 7. Birth date of deceased January 1907 (Month) (Day) 8. AGE: Years Months Days If less than one day ы .hr.min. Richmond. Missouri 9. Birthplace.. (City, town, or county) (State or foreign country) Laborer 10. Usual occupation. (Include prognancy within 3 months of death) PHYSICIAN 11. Industry or business ... Major findings: Hiram Brady Of operations 12. Name_____ Underline Richmond. Missouri the cause to 13. Birthplace... which death (State or foreign country) Flora Bryan should be 14. Maiden name_ charged sta-tistically. Fairberry. Nebraska 22. If death was due to external causes, fill in the following: State or foreign country) (a) Accident, suicide, or homicide (specify) (b) Date of occurrence... (b) Date thereof May 31, 1948 17. (a) Burial (c) Where did injury occur?___ (City or town) (County) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation Richmond, Missouri 18. (a) Signature of funeral director Thursman (b) Address 627 East Main St., Richmond. 19. (a) Juno 5-1948 (b) 700 (Chite received local registrar) (Registrar Furnature)



STATEMENT BY LICENSED EMBALMER

		·	
I he	ereby certify that the body whose name is recorded on the reverse side of th	s certificate was embalmed by me, or by	
	William of Thurman	, Registered Apprentice No65	

working under my personal supervision.

Signed 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.