

DEC 14 1940

State File No. \_\_\_\_\_

Registration District No. 152

Primary Registration District No. 5216

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural Camp Branch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BEN BRADY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr. 12 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mason City, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Benjamin F. Brady

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

14. Maiden name Catherine Hagness

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

16. (a) Informant Nettie Brady  
(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof Nov 3 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director A. H. ...  
(b) Address East Lynne Mo.  
19. (a) Nov 3, 1940 (b) Max E. ...  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 12, year 1940 hour One minute 9, M.  
21. I hereby certify that I attended the deceased from June 6 to Nov 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis - Myocarditis -  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within months of death)

Major findings of operations no  
Of autopsy no

Duration

6 Mo  
2 yrs

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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

143020 (Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

23. Signature Geo W. ... (M. D. or other) Address Green City, Mo Date signed Nov 1940

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.....

Licensed Embalmer No. *2717*

P. O. Address *East Lyme 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, above space should be left blank.**