

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11386

State File No.

FILED APR 21 1941

Registration District No. 33

Primary Registration District No. 3753

Registrar's No. 4

1. PLACE OF DEATH:

(a) County. Missouri
(b) City or town. Medicine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community. Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Pearl M Brantley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harley Brantley 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan 13 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 21 Days hr. min.
If less than one day

9. Birthplace Sullivan County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John W Tucker
13. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Leahman
15. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Brantley
(b) Address Harriet Mo

17. (a) Burial (b) Date thereof Feb 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brantley

18. (a) Signature of funeral director Neil Moss
(b) Address Princeton Mo

19. (a) Feb 6 (b) Mrs Pearl Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1941 hour 10 minute 1 M.

21. I hereby certify that I attended the deceased from Jan 29 1941, to Feb 3 1941;
that I last saw her alive on Feb 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death STREPTOCOCCUS VIRIDANS INFECTION BOTH PAROTID GLANDS - WITH SEVERE LYMPHADENITIS EXTENDING AROUND NECK - RT. SHOULDER AND
Due to PT. SIDE OF FACE (POSITIVE BLOOD CULTURE)
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None made

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Neither
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

463 (Specify type of place) While at work (e) Means of injury
23. Signature A B Bristol (M. D. or other) Mo
Address Princeton, Mo Date signed 2/4/41

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 Mr.

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2634

P. O. Address Emmett 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.