

FILED MAY 23 1941

STANDARD CERTIFICATE OF DEATH

State File No. 15240

Registration District No. 582 Primary Registration District No. 4344 Registrar's No. 11

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Paris
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: So. Main St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community since 1905 years, months or days

3. (a) PRINT FULL NAME PETT KETTINGER BRAYTON
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John H. Brayton
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Aug 27, 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 8 4 hr. 4 min.

9. Birthplace Unknown New York
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name CHARLES AUGUSTUS KETTINGER
 13. Birthplace GERMANY GERMANY
 (City, town, or county) (State or foreign country)

MOTHER FATHER
 14. Maiden name SARAH BOSWELL
 15. Birthplace ENGLAND ENGLAND
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline Gray
 (b) Address Paris, Mo.

17. (a) burial (b) Date thereof Apr. 19th 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director Walter Blakey
 (b) Address Paris, Mo.

19. (a) Apr. 17, 1941 (b) F. A. Barnett, M. D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Monroe
 (c) City or town Paris
 (If outside city or town limits, write "RURAL")
 (d) Street No. So. Main St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. day 16TH
 year 1941 hour 5:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov
1938, to April 16, 1941;
 that I last saw her alive on April 16, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
 Duration _____

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy None
 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) _____
 (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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature F. A. Barnett (M. D. or other) M.D.
 Address Paris, Mo. Date signed 4-17-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp.

RECEIVED

District Health Officer No. 10

District File Number _____

Date Filed _____

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 _____

E. H. Agnew

Licensed Embalmer No. _____

4000

P. O. Address _____

PASIS, 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.