No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17883

Registration District No. 321 Primary Registration District No. 5445 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Greene (W. M. [illegible])

(b) ~~City or town~~ Rogersville, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural-Turner, Missouri
(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.? Native 0 years.

3. (a) PRINT FULL NAME Ivo Ross Brady

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Florence

6. (c) Age of ~~husband~~ or wife if alive 36 years

7. Birth date of deceased April (Month) 19 (Day), 1900 (Year)

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

9. Birthplace Webster Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Frisco Section Laborer

11. Industry or business .....

FATHER
12. Name Will Brady
13. Birthplace Webster Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lawson
15. Birthplace — — (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Florence Brady
(b) Address Turner, Mo.

17. (a) White Oak (Burial, cremation, or removal) (b) Date thereof April (Month) 21 (Day) 41 (Year)
(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Rogersville, Mo.

19. (a) June 3, 1941 (Date received local registrar) (b) Mrs. Pearl Hughes Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I ~~attended the deceased from~~ received the body
4-19-41 at 4:30 a.m. 1941;
~~and last~~ and last ~~alive~~ alive on Kelley Ferrell Funeral
and that death occurred on the date and hour stated above.

Immediate cause of death Home at 11:20 A.M. 4-19-41 Duration
accidental Drowning "183"

Due to automobile driven by him falling into Creek & frome washed out

Due to bridge where Frisco Crosses Farm to Market Road "K"

Other conditions 2½ Miles North of Cody Mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
—
Of autopsy 170 C 6 21 —

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) Accident
(b) Date of occurrence 4-19-41 at 12:30 A.M.
(c) Where did injury occur? Turner (City or town) Greene (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2 1/2 In public Place on Hi way (Specify type of place)
While at work? Yes (e) Means of injury Drowning 3

23. Signature G. H. Boehm Acting Coroner (M. D. or other)
Address 227 E. Olive Springfield Mo. Date signed 4/19/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-6-71
Date Filed 6-9-41

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 J K Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.