S. No. 2
—11-10-39
7. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22979

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 186

1. PLACE OF DEATH:

(a) County: Vernon

(b) ~~City or town~~: Washington Town Ship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: nine days
(Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cedar

(c) City or town: Eldorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No.: Not known
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: Mrs Melvina BRADY

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Separated

6. (b) Name of husband ~~or wife~~: James Brady

6. (c) Age of husband or wife if alive: Not known years

7. Birth date of deceased: May (Month) 18 (Day) 1868 (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day hr. min.

9. Birthplace: Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Joshua Richwine
13. Birthplace: / Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Cecil
15. Birthplace: / Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: State Hospital Records
(b) Address: Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Clintonville Cemetary

18. (a) Signature of funeral director: Gunn-Seders
(b) Address: Eldorado Springs Mo

19. (a) 6/20/41 (Date received local registrar) (b) Allen W. Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1941 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 12th, 1941, to June 20th, 1941; that I last saw her alive on June 20th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Generalized Sclerosis Chronic Nephritis	

Major findings:
Of operations:
Of autopsy: No

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

23. Signature: G. S. Waraich (M. D. ~~or other~~): MD
Address: State Hospital No 3 Nevada, Mo Date signed 6/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-41-6099
Date Filed 7-7-41

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 M D Gwinn

Licensed Embalmer No. 2084

P. O. Address El Dorado Spg. M

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

If this body is not embalmed, above space should be left blank.