

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28673

FILED SEP 15 1941
Registration District No. 1949

Primary Registration District No. 4267

Registrar's No.

53
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON (Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
In this community 3 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 053
(a) State MO (b) County LACLEDE
(c) City or town NEBO
(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.? 0 years.

3. (a) PRINTED FULL NAME MAY BRADY
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 1
year 1941 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from July 29
1941, to Aug 1, 1941;

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
7. (b) Name of husband or wife G. T. BRADY 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased GAN (Month) 21 (Day) 1888 (Year)

that I last saw her alive on Aug 1, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 6 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis with nephritis
Due to Hypertensive heart disease

9. Birthplace DENTON TEX
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE

Due to _____
Other conditions 12/15
(Includes pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name CONRAD PRIESSINGER
13. Birthplace U S I
14. Maiden name JENNIE ANDERSON
15. Birthplace U S I
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant L. D. Brady
(b) Address Info mo
17. (a) Burial (b) Date thereof 8-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CEDAR BLUFF CEM
18. (a) Signature of funeral director Pharris
(b) Address Info mo
19. (a) 8-4-41 (b) L. M. Louck
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]
Address Lebanon Mo Date signed 8/4/41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1638

Date Filed 9-10-46

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

R. Bohan

Licensed Embalmer No. 1161

P. O. Address

Lebanon, 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.