

Registration District No. 413

Primary Registration District No. 5559.C.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town MINERAL
(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 _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Susie Brayles

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 Married

6. (b) Name of husband or wife John Brayles 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: (Month) Feb (Day) 18 (Year) 1875

8. AGE: Years 66 Months 9 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business at home

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Bell

(b) Address R.#1, Ozonogi

17. (a) Burial (b) Date thereof Dec 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Wood Cem

18. (a) Signature of funeral director Walt City, Mo.

(b) Address Walt City, Mo.

19. (a) DEC 5 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town McElhenny
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from Oct. 10
19 19 41 to Dec. 2 19 41
that I last saw her alive on Nov. 30 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute angina pectoris

Due to Chronic endocarditis

Due to Hypertension and chronic interstitial nephritis

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Anna A. Sale (M. D. or other) _____

Address 1408 So. 1st, Mo. Date signed 12-4

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

49
6
0

MOTHER FATHER

42-1-1082

APR 28 1942

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 *myself*.

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

Signed *Clayton M. Johnston*

Licensed Embalmer No. *3,922*

P. O. Address *Well City, 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.