S. No. 2
M—1-4-41
V. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2941

FILED JAN 25 1942

Registration District No. 25 Primary Registration District No. 5799 Registrar's No. 12

**1. PLACE OF DEATH:**

(a) County Morgan

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Morgan 71

(c) City or town Rural Buffalo Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anne Mae Braden

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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 12 (Day) 1934 (Year)

8. AGE: Years 6 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Stover (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name Lee Braden 0

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

MOTHER 14. Maiden name Ardella Cowell Braden.

15. Birthplace Stover (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lee Braden

(b) Address Stover, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Minnow Branch Cemetery

18. (a) Signature of funeral director Rapp & Stevinson

(b) Address Stover, Mo.

19. (a) 11-3-41 (Date received local registrar) (b) Will F. Berry Jr. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 29 year 1941 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 27, 1941, to July 28, 1941, that I last saw her alive on July 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis — Duration 2 days

Due to Sore throat

Due to

Other conditions (Include pregnancy within 3 months of death) 91 P

Major findings:
Of operations

Of autopsy

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 Chas A West (M. D. or coroner)

Address Stover Mo Date signed July 29 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2204
Date Filed 1-15-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**