

FILED MAY 20 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
903 East 5th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 26 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 903 East 5th  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ada Curtright Braden

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred G. Braden 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 3, 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Calloway County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Cartright  
13. Birthplace unknown, Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Tibbs  
15. Birthplace unknown, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred G. Braden (husband)  
(b) Address 903 E. 5th, Sedalia, Mo.  
17. (a) burial (b) Date thereof 4/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill  
18. (a) Signature of funeral director Duane Ewing  
(b) Address Sedalia, Mo

19. (a) 4/29/42 (b) Malama Ryzek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1942 hour 5:40 minute 0 M.

21. I hereby certify that I attended the deceased from 4-27 1942 to 4-27 1942  
that I last saw her alive on 4-27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Occlusion 30 min  
Asterriff Delesans  
Hypertension  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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) No  
(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 Malama Ryzek (M. D. or other) M.D.  
Address 317 Sedalia Date signed 4-28-42

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

80  
6  
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-18-42.....

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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

*Duane Ewing*

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.**