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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36862

Registration District No. 61 Primary Registration District No. 4107 State File No. _____ Registrar's No. 41

1. PLACE OF DEATH: Cedar
(a) County: Cedar
(b) City or town: Eldorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME James E. Brady
(b) If veteran, name war None (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Amanda T. Brady 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name Robert Brady
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Della Smith
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Brady
(b) Address Warsaw, Mo.

17. (a) Burial (b) Date thereof Nov. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.

19. (a) 11-10-42 (b) L. J. Dumas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 20
(a) State Missouri (b) County Cedar
(c) City or town Eldorado Springs
(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.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 10
year 1942 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Oct. 11, 1942 to Nov 10, 1942,
that I last saw him alive on Nov 11, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Chronic Myocarditis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
938
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? _____

While at work _____ (Specify type of place)
Means of injury _____
Signature E. J. Dumas No. D. or other 50
Address Eldorado Spgs. Mo. Date signed 11-10-42

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1365

Date Filed 12-10-42

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.

3053

P. O. Address

Warsaw 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.