V. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

48
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 150

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5572

37242 ✓

State File No.

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Chaerlene (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co Home (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) Dont Know

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 0

(c) City or town Little Blue Mo (If outside city or town limits, write "RURAL") 0

(d) Street No. Little Blue Mo (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Hattie Brady

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased unknown (Month) (Day) 1881 (Year)

8. AGE: Years 61 | Months | Days | If less than one day ___ hr. ___ min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant C H Records
(b) Address Little Blue Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Blandrewd & Lawrence K C Rams

18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address K C Mo

19. (a) Nov. 23, 1942 (Date received local registrar) (b) F. M. Schick, Effie Schick Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17 year 42 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1942, to Nov 17, 1942 that I last saw her alive on Nov 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death "Aortic + Mitral Insufficiency"

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92 b

Major findings:
Of operations ✓
Of autopsy No

Duration

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 L. W. Booker (M. D. ~~or other~~)

Address 2028 Vine St. Date signed 11/23/42

1162 (Licensed Embalmer's Statement on Reverse Side)

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. 2211

1819 Ellis

P. O. Address.....KC 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.