

FILED JAN - 6 1943

Registration District No. 132

Primary Registration District No. 5474

Registrar's No.

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

40
00

1. PLACE OF DEATH:

(a) County GRUNDY "JEFFERSON TWN."

(b) City or town TRENTON RURAL.
(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 years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GRUNDY 40

(c) City or town TRENTON "RURAL" 0
(If outside city or town limits, write "RURAL")

(d) Street No. JEFFERSON TWN. R. 4
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRED BRATTON

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1942 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1st
1942 to Dec 30 1942
that I last saw him alive on Dec 28 1942
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or Race W 6. (a) Single, widowed, married, divorced. SINGLE

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
(Day) (Year)

7. Birth date of deceased MAR. 31 1876
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis 1 day
Duration

Due to Heart Kidney

Due to.....

Other conditions Chronic Hypertension 3 years
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
66 8 2 hr. min.

Major findings: Of operations 93d

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace GRUNDY CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name THEO. BRATTON

13. Birthplace PA. 1
(City, town, or county) (State or foreign country)

14. Maiden name SALLY A. THOMAS

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

16. (a) Informant EFFIE BRATTON
(b) Address TRENTON MO.

17. (a) BURIAL (b) Date thereof 12/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRATTON CEM. TRENTON

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?

18. (a) Signature of funeral director Judson Iron Home
(b) Address Trenton Mo.

19. (a) 12-5-42 (b) Nada Hoffmann
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

Means of injury 0 2nd

23. Signature Chas. A. Duffy (M. or other) 5th
Address Montgomery Date signed 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

E. M. Jomier

Licensed Embalmer No.

3453

P. O. Address.

Funston M.

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.