

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9816

FILED APR 14 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County Camden  
(b) City or town Rural  
(c) Name of hospital or institution: Adair Hosp  
(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 MARY M 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 widowed  
6. (b) Name of husband or wife Richard Braden 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug. 10 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
95 7 26 hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Davis Phillips

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Ed Christian

(b) Address Edwards Mo.

17. (a) Burial (b) Date thereof April 7 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stover Cemetery

18. (a) Signature of funeral director App. Stover

(b) Address Stover Mo.

19. (a) Apr 10-43 (b) Edith Pearson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th  
year 1943 hour 7 minute 35 a.m.

21. I hereby certify that I attended the deceased from January 10 1943 to Mar 10 1943

that I last saw her alive on Mar 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza (Disease)

Due to

Due to

Other conditions Old age  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 330

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury 5

23. Signature Chas. A. Hest (M. D. or other)

Address Stover Mo. Date signed Apr 6 1943

1000

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 71

District File Number 3-43-91

Date Filed 4-12-43

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.....

*not embalmed*

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Jewell Stevenson*

Licensed Embalmer No. ....

*4073*

P. O. Address, .....

*Stover 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 1458

Primary Registration District No. 5: 5774

Registrar's No. ....

1. PLACE OF DEATH:

- (a) County Camden  
(b) City or town Edgemoor Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether)  
In this community Life years, months or days

3. (a) PRINT  
FULL NAME

Mary M. Brader

3. (b) If veteran,  
name war. ....

3. (c) Social Security  
No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased. Aug 18 (Month) (Day) (Year)

8. AGE: Years 95 Months 7 Days 25 If less than one day min. ....

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

10. Usual occupation

11. Industry or business

12. Name. ....  
13. Birthplace. .... (City, town, or county) (State or foreign country)  
14. Maiden name. .... (City, town, or county) (State or foreign country)  
15. Birthplace. .... (City, town, or county) (State or foreign country)

16. (a) Informant. ....

(b) Address. ....

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

(c) Place: burial or cremation. ....

18. (a) Signature of funeral director. ....

(b) Address. ....

19. (a) (Date received local registrar) (b) Earth Necro (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. .... (b) County. ....  
(c) City or town. .... (If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1943 hour. .... minute. .... M.

21. I hereby certify that I attended the deceased from. .... 19. ....  
that I last saw him. .... 19. ....  
and that death occurred on the date and hour stated above.  
Immediate cause of death. ....

Due to. ....  
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) ....  
(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) (e) Means of injury. ....

23. Signature. .... (M. D. or other) ....

Address. .... Date signed. ....

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

5-9816