

Registration District No. 17

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Missouri State Penitentiary 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. Missouri State Penitentiary
(If rural, give location)

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

3. (a) PRINT FULL NAME William Braden #50569

3. (b) If veteran, name war World War I

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced..... 7

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

43 hr. min.

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

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10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name..... 9

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

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14. Maiden name..... 9

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

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16. (a) Informant Missouri State Prison Records

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March-13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation New City Cemetery

18. (a) Signature of funeral director Thorp Gordon

(b) Address Jefferson City, Missouri

19. (a) 3-12-43 (Date received local registrar) (b) Thorp Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1943 hour..... minute..... A. M.

21. I hereby certify that I attended the deceased from no attendance and that I last saw him alive on that and that death occurred on the date and hour stated above.

Immediate cause of death: accidental attempt at robbery

Due to Body Caught in

Other conditions: in a row passage

Major findings: 42.2

Of operations.....

Of autopsy none

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) Accident 12.1

(b) Date of occurrence 3-8-43

(c) Where did injury occur? Jefferson City, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry

While at work? no (Specify type of place) (e) Means of injury Suffocation

23. Signature Edeo M. ... (M. D. or other) Address Jefferson City, Mo (City or town) (County) (State) 3443

3108 178
MAR 24 1943

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.....

Louis Priest

Licensed Embalmer No.....

4096

P. O. Address.....

Jefferson City

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.

24-41-2