

REGISTRATION DISTRICT NO. 250

PRIMARY REGISTRATION DISTRICT NO. 5849

REGISTRAR'S NO. 35

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: Jegerson township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 82 years (Specify whether years, months or days)

In this community 82 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Conception Junction Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles N.E. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William E. Brady

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Margaret Brady 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 8 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 10 If less than one day 26 hr. min.

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

10. Usual occupation farmer

11. Industry or business William Brady

12. Name unknown 13. Birthplace Ireland

14. Maiden name Rose Crowney

15. Birthplace unknown Ireland

16. (a) Informant Martin Brady

(b) Address Conception Junction Mo.

17. (a) burial (b) Date thereof 3-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columbia Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Mayville Mo

19. (a) 3-5-43 (b) A. D. Barnet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5 year 43 hour 2 minute 0 A. M.

21. I hereby certify that I attended the deceased from 5-3-35 to 3-5-43
that I last saw him alive on 3-4-43 and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis
arteriosclerosis
hemiplegia

Due to hemiplegia

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 W. D. Barnes (M. D. Seal)

Address Mayville Date signed 3-5-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 29 1943

JAN 7 1944

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..... *Clem M Price*

Licensed Embalmer No..... *1822*

P. O. Address..... *Mayville, 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.