

S. No. 2
M-5-42
5-17-39
X327

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14521**

ED MAY 13 1943

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **81**

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

49
3

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **No time**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **Lyon at 7th. St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Edith Easton Brader**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **1** year **43** hour **2:30** minute **A** M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Howard Brader**

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

7. Birth date of deceased **August 29 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1943** to **1943** that I last saw **Did not see her alive** alive on **Apr 1 1943** and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **7** Days **2** If less than one day **-** hr. **-** min.

Immediate cause of death **Septicemia heart failure**

Due to **Septicemia**

Due to **Septicemia**

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

Other conditions **930**
(Include pregnancy within 3 months of death)

10. Usual occupation **At Home**

11. Industry or business **None**

PHYSICIAN

Major findings: **Septicemia heart failure**

Of operations **-**

Of autopsy **-**

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **John Easton**

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

14. Maiden name **Caroline Bradt**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edythe H. Kenney**

(b) Address **608 S. 4th. St., Watseka, Ill.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 3, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

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 **Knell Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **April 3, 1943** (Date received local registrar) (b) **E. Elizabeth Cooper** (Registrar's signature)

23. Signature **R. A. Cooper** (M. D. or other) **Apr 3 1943**

Address **Carthage Mo** Date signed **Apr 3 1943**

13-4-002

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.

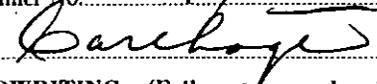
Signed.....



Licensed Embalmer No.....

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P. O. Address.....



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.