

Registration District No. 254

Primary Registration District No. 4396

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

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

(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer (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 Germany

3. (a) PRINT FULL NAME Elizabeth Anna Braden

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Braden 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 2 1878
(Month) (Day) (Year)

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

64 11 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Gottlieb Nauyoks

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

14. Maiden name Unknown

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

16. (a) Informant John Braden
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 3/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Mo.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) 4-10-43 (b) Jae D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1943 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 1939
1939 to March 10, 1943
that I last saw him alive on March 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration Four years

Due to.....
Due to.....

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

Major findings: 97
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 J. D. Williams (M. D. or other)

Address Thayer, Mo Date signed April 2-43

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

25
0

RECEIVED

District Health Officer No. 6,

District File Number 543285

Date Filed 5-4-79

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.....

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.