

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 324

Primary Registration District No. 372

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 1
(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 Mo (b) County Saline

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

(d) Street No. 681 W Courtwood
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME BEATRICE G. BRADY

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 2nd 1943 to April 4th 1943;
that I last saw her alive on April 4th 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Nelson Brady 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased. 5 12 1912
(Month) (Day) (Year)

Immediate cause of death Diabetes

8. AGE: Years Months Days If less than one day
31 1 hr. min.

Due to

Due to

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

10. Usual occupation Homemaker

Other conditions Acidosis 61
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Self

12. Name Charles Washington

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

14. Maiden name Anna Bell Washington

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Nelson Brady

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Cemetery

18. (a) Signature of funeral director J. D. Jefferson

(b) Address 17 E Jefferson St. Salina Mo

19. (a) 4-8-43 (b) Mat. Westbrook
(Date received local registrar) (Registrar's signature)

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. H. Madison (M. D. or other) 1

Address Marshall Mo Date signed 4-8-43

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

1211

~~4-8-43~~
5-15-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.