

STANDARD CERTIFICATE OF DEATH

State File No. 25570

FILED AUG 13 1943

Registration District No. 237

Primary Registration District No. 5814

Registrar's No.

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL BUFFALO TWP.
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

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

(d) Street No. 8 MI SOUTH STOVER
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERTHA MARGARET BRADEN

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1943 hour 3 minute P.M.

4. Sex FEMALE

5. Color or race WHITE

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

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

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

7. Birth date of deceased: DECEMBER 20 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14 1943 to July 5 1943
that I last saw her alive on July 5 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 6 Days 15
If less than one day hr. min.

Immediate cause of death: Coronary occlusion
Due to Hypertension (10 yrs. or more)
Duration 31 days

9. Birthplace BENTON Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name ANDREW TAYLOR

13. Birthplace BENTON Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA ELLEN CHINE

15. Birthplace MORGAN Co. Mo. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations g.f.a

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant PAUL BRADEN

(b) Address STOVER MO.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) I

(b) Date of occurrence

(c) Where did injury occur? C
(City or town) (County) (State)

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

17. (a) BURIAL (b) Date thereof JULY 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEM.

While at work? (Specify type of place) (c) Means of injury 0

18. (a) Signature of funeral director HARRY STEVENS

(b) Address STOVER MO.

19. (a) July 8 1943 (b) Harry Hupp
(Date received by registrar) (Registrar's signature)

23. Signature A J Gunn (M. D. or other) 0
Address Osceola Mo. Date signed 7/7/43

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

21
00

RECEIVED

District Health Officer No. 7.

District File Number 7-43-839

Date Filed 8-9-43

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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.