

FILED JAN 6 3/1943  
Registration District No. 6225

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Monroe - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp # 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days (Specify whether  
In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hebater  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. W. 3 Stratford (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME

Marquis D. Bruton

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4  
year 1943 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 12 1943 to Dec 4 1943  
that I last saw him alive on Dec 4 1943  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: March 16 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 18 X hr. X min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Benton Bruton

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

14. Maiden name Sarah Welch

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

16. (a) Informant Wm. Reed  
(b) Address Meabada Mo

17. (a) Burial (b) Date thereof 12-8-43  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place of burial or cremation McBryde

18. (a) Signature of funeral director Lee Ramsey

(b) Address Marshfield Mo

19. (a) 12-7-43 (b) Doyle B. Bewick  
(Date received local registrar) (Registrar's signature)

Immediate cause of death: Coronary-vascular renal disease  
Due to  
Due to  
Other conditions (include pregnancy within 3 months of death) 13/a  
Major findings:  
Of operations  
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Wm. J. Cooney (M. D. or other)  
Address Meabada Date signed 12/14/43

60-714 1/2 west Walnut Hazel Bewick

MAR 25 1945

RECEIVED  
District No. 12-43-1401  
Date 1-8-44

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 *Earl Ramsey*  
Licensed Embalmer No. 3312  
P. O. Address *Marshfield 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.