

Registration District No. 11

Primary Registration District No. 5045

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Ridgley *Wheaton, Mo*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barry
(c) City or town Ridgley *Wheaton, Mo*
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lora Brattin

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

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

6. (b) Name of husband or wife Elmer Brattin 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August 11 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name King Barnett

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

14. Maiden name _____

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

16. (a) Informant Elmer Barnett

(b) Address Ridgley Mo.

17. (a) Burial (b) Date thereof 1/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord

18. (a) Signature of funeral director Wm. James Bogue
(b) Address Wheaton, Mo.

19. (a) Jan. 29-1944 (b) Grace Williams
(Date received by registrar) (Registrar's signature)

1077

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 28
1943, to Dec 28, 1943
that I last saw her alive on Dec 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Senile Develops following acute attack
Due to of Influenza with severe heart congestion
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94a
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 2

23. Signature W. R. M. C. Clark M. D. or other) _____

Address Cassville, Mo. Date signed 1/26/44

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

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

RECEIVED

District Health Officer No. 6,

District File Number 244-282

Date Filed FEB 25 1944

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 Wm. Morris Bogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.