

FILED SEP 22 1944 49

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3554

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lake Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Jackson City
(If outside city or town limits, write "RURAL")
(d) Street No. 3920 Jackson Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Specify No)
If yes, name country _____

3. (a) PRINT FULL NAME STELLA-EUGENIA - BRATON

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Braton 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased March 1 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation actress

11. Industry or business _____

MOTHER FATHER { 12. Name Elizabeth Benzard
13. Birthplace Ark
14. Maiden name Leta Trotter
15. Birthplace Ark

16. (a) Informant E. Gillespie

(b) Address 1620 Topping

17. (a) Burial (b) Date thereof Sept 2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director D. A. Thersin

(b) Address 2512 Haeger St

19. (a) 9-1-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1944 hour 7 minute 53 P.M.

21. I hereby certify that I attended the deceased from Sept 1st 1944 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute generalized fibrinous peritonitis

Due to Ruptured tubo-ovarian abscess

Due to _____
Other conditions: 159a
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy see above

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) (c) Means of injury _____

23. Signature A. E. Usher (M. D. or other) MO
Address 23rd & McKay Date signed 8/30/44

Handwritten notes and scribbles at the top left of the page.

Handwritten notes and scribbles at the top right of the page.

Handwritten text, possibly a date or reference number.

P E2 *X*

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a date or reference number.

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 *P. G. Thurman*

Licensed Embalmer No. *23 F1*

P. O. Address. *2512 Holman st*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. *out*

Registration District No. *149*

Primary Registration District No. *1002*

Registrar's No. *3554*

1. PLACE OF DEATH:

(a) County *Jackson*
(b) City or town *N.C.*
(c) Name of hospital or institution: *Lake Side Hosp.*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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. ? years.

3. (a) PRINT FULL NAME

Stella Eugenia Braton

3. (b) If veteran, name war.

3. (c) Social Security No. *496-05-6082*

4. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug.* day *30* year *1944* hour minute M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above.

4. Sex *Female* 5. Color or race *White* 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death

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

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations

10. Usual occupation

Of autopsy

11. Industry or business

12. Name

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

14. Maiden name

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

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 *A. E. Upsher* (M. D. or other)

Address *23rd + Mc Coy* Date signed

MOTHER FATHER

SUPPLEMENTARY

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

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

30018