No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No. 383

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 38190

Registrar's No. 156

**1. PLACE OF DEATH:**

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 479 days (Specify whether
In this community 479 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Bates 7

(c) City or town Butler 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Luetta Kersey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25th (Day) 1880 (Year)

8. AGE: Years 64 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Butler (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name David Braman
13. Birthplace Sedalia (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Missouri Elliot
15. Birthplace Little Rock (City, town, or county) Ark 0 (State or foreign country)

16. (a) Informant E. McMichael, Record Clk.
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 19 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Butler Mo

18. (a) Signature of funeral director Geo B Orr
(b) Address Mt Vernon Mo

19. (a) Nov 19/1944 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 18th
year 1944 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from July 27th, 1943, to Nov. 18, 1944;
that I last saw her alive on Nov. 18th, 1944;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary tbc Abt | 3½ yrs |
| Due to Massive Pulmonary Hemoptysis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 13 | |

Major findings:
Of ~~operations~~ Pulmonary Tbc; Erosion rt bronchus c̄ hemorrhage;
Of autopsy Tbc spleen

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

23. Signature O. A. Brasher (M. D. or other) M. D.
Address Mt Vernon Mo Date signed 11-18-44

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1944-1283
Date Filed DEC 5 1944

DEC 7 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 George B. Ann

Licensed Embalmer No. 946

P. O. Address Mt Vernon, Ind

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

**If this body is not embalmed, fact should be so stated above.**