. S. No. 2
0M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

Registration District No. 104

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6017

Primary Registration District No. 5418

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden ARMY air Field
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Camp Funs
3 Miles North Of Malden
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community All Of Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. Malden Army Air Field
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Earl Brantley

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife No.

6. (c) Age of husband or wife if alive No. years

7. Birth date of deceased November (Month) 16 (Day) 1944 (Year)

8. AGE: Years 0 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Infant.

11. Industry or business Above.

FATHER
12. Name Dee C. Brantley
13. Birthplace Conway (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Iva Mae Akridge
15. Birthplace Gideon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dee C. Brantley
(b) Address Malden Army Air Field

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield Cemetery

18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Mo.

19. (a) 2-17-45 (Date received local registrar) (b) R. Delder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 th. year 1945 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from February 13th, 1945, to Feb 17th, 1945 that I last saw him alive on Feb 16, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	6 days
Due to Bronchio-Pneumonia	4 days
Due to Paralytic Ileus	2 days
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 33 b
Of autopsy

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? (or Means of injury)

23. Signature L. E. Mitchell (M. D. or other) M.D.
Address Malden Mo Date signed 2/17/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 345-434
Date Filed 3/8/45

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 J. G. Schaumann

Licensed Embalmer No. 4086

P. O. Address Malden

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.