

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 14 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18502

State File No.

Registration District No. 374Primary Registration District No. 6275

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Worth  
(b) City or town Alleendale, Rural Smith town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 yrs years, months or days

## 3. (a) PRINT FULL NAME

James Frederick Brather

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Flora Brather6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased June (Month)16 (Day) 1886 (Year)8. AGE: Years 58 Months 10 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Tarkio, Mo. (City, town, or county) (State or foreign country)10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Silas Henry Brather13. Birthplace Unknown (City, town, or county) (State or foreign country)14. Maiden name Anna Wood15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant Flora Brather(b) Address Grant City, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-45 (Month) (Day) (Year)(c) Place: burial or cremation Tarkio Cemetery18. (a) Signature of funeral director Arch C. Dingle(b) Address Grant City, Mo.19. (a) May 15-1945 (Date received local registrar) (b) Wayne Pinchot (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth  
(c) City or town Grant City (If outside city or town limits, write "RURAL") 113  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1945 hour 3 minute 30 P.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.

Immediate cause of death Cerebral Thrombosis Duration \_\_\_\_\_

Sudden death  
Drifted dead out by his farm

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy \_\_\_\_\_

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 Arch C. Dingle (M.D. or other) 3 Date signed \_\_\_\_\_

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

RECEIVED  
District Health Office No. 11,  
District File Number  
Date Filed

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

*Arch C. Dumble*

Licensed Embalmer No.

3252

P. O. Address

*Grant City, 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.**