No. 2
2-43
6-17-39
X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10417

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 3 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Ft. Leonard Wood
(If outside city or town limits, write "RURAL")
(d) Street No. 81 A. Pulaski
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roanna Mae Brady
3. (b) If veteran, name war
3. (c) Social Security No. 494224077
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21, 1927 (Month) (Day) (Year)

8. AGE: Years 18 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Hugo (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Student
11. Industry or business

MOTHER FATHER
12. Name William C. Brady
13. Birthplace (City, town, or county) Texas (State or foreign country)
14. Maiden name Audrey Pierce
15. Birthplace (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Wm. C. Brady
(b) Address 81 A. Pulaski, Ft. Wood, M
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Bluff
18. (a) Signature of funeral director J. L. HOOPS & SONS.
(b) Address Crocker, Mo.
19. (a) 3-21-46 (Date received local registrar) (b) Lawrence B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 9 minute 30 A M.
21. I hereby certify that I attended the deceased from Mch 16th 1946 to Mch 18 1946 that I last saw her alive on Mch. 18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage & Hypertension	36 hrs 24 hrs
Due to: Skull fracture	36 hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	
Major findings: Of operations:	
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) Accident 05
(b) Date of occurrence 3-16-46
(c) Where did injury occur? Ft. highway 17+133 (City or town) (County) (State) No
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Auto (Specify type of place)
While at work? (e) Means of injury Accident

23. Signature [illegible] (M. D. or other)
Address Richland Date signed 3-21-46

351

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1946

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 Paul B Hoopis

Licensed Embalmer No. 9261

P. O. Address Crocker, 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.

S. No. 2B
M—3-45
1 X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 28

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roanna Mae Brady
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased July (Month) 21 (Day) 27 (Year)
8. AGE: Years 18 Months 7 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) Okla (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar Day 18 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ,
and that death occurred on the date and hour stated above.
Immediate cause of death | Duration
Due to
Due to
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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? Highway 17 Bt. Crocker & Waynesville (City or town) (County)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - Highway 17
(Specify type of place)
While at work? No (e) Means of injury Automobile accident
no other vehicles involved
23. Signature Roy H. Rueda (M. D. or other)
Address Richland Mo Date signed 2 April

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

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