

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 210

Primary Registration District No. 5772

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural- Medicine Twp.
(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 All her life years, months or days

3. (a) PRINT FULL NAME Clara M. Brantley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loren Brantley 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct 7 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name John T. Brown

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

14. Maiden name Mary Patterson

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

16. (a) Informant Mr. Loren Brantley

(b) Address Newtown, Mo.

17. (a) Burial (b) Date thereof 12-15-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brantley Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 12-17-46 (b) Loren Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. S.E. of Princeton, Mo. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1946 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from April 18
1946 to December 13 1946
that I last saw her alive on December 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 3 mos
Due to Subacute Bacterial Endocarditis 1 1/2 yrs
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature Loren Martin (M. D. or other) _____
Address Princeton, Mo. Date signed 12/14/46

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

401369

DISTRICT HEALTH SERVICE
Cameron, Mo.

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.....

H. Ivan Martini

Licensed Embalmer No.....

3760

P. O. Address.....

Princeton, 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.