

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27519
Registrar's No. 48

Registration District No. 139 Primary Registration District No. 4225

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

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon Mo
(c) Name of hospital or institution: Brown Nursing Home 4
(d) Length of stay: In hospital or institution 2 1/2 Years
In this community 2 1/2 Years

3. (a) PRINT FULL NAME James Andrew Bratton
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 14 1852

8. AGE: Years 94 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Forest City Missouri

10. Usual occupation Retired Farmer

11. Industry or business
12. Name Mat Bratton
13. Birthplace Ireland
14. Maiden name Susan Lovelady
15. Birthplace Unknown

16. (a) Informant Thomas Pilkington
(b) Address Forest City, Missouri
17. (a) Burial (b) Date thereof Aug 6 1947
(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Oregon Mo
19. (a) (b) Registrar's signature J. J. [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Forest City-Rural 0
(d) Street No. (e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1947 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from 1 P.M. 1947 to August 4 1947; that I last saw him alive on Aug 4 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia 3 Days
Due to: CARDIAC HYPERTROPHY WITHOUT COMPENSATION 1 Mo.
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 950
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?
(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 2
23. Signature H. E. Collier D.O. (M. D. or other)
Address Oregon, Mo. Date signed Aug 6, 47

**DISTRICT HEALTH OFFICE
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.....

James H. Pettigrew

Licensed Embalmer No..... 3192

P. O. Address..... Oregon 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.