

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15366

Registration District No. 11

Primary Registration District No. 5045

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Wheaton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. Wheaton, Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

5
0
0
0

3. (a) PRINT FULL NAME Charles Otis Brattin

3. (b) If veteran, name war --

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Cora Brattin

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 3 1878
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

70	2	3	
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hr. _____ min. _____

Apparently a Heart Attack

Due to _____

Due to _____

Duration

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

10. Usual occupation Farmer & Stockman

11. Industry or business _____

12. Name O. J. Brattin

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Belle Roberts

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

16. (a) Informant Mrs Cora Brattin

(b) Address Wheaton, Mo.

17. (a) Burial (b) Date thereof 4/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Comfort, Mo.

18. (a) Signature of funeral director Wm. Mans. [Signature]

(b) Address Wheaton, Mo.

19. (a) May 6 - 1948 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations [Signature]

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature [Signature] Coroner

Address Molett, Mo. Date signed 4-8-48

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

RECEIVED

District Health Officer No. 6,

District File Number 548-513

Date Filed MAY 18 1948

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 Wm. Morris Payne

Licensed Embalmer No. 9442

P. O. Address Wheaton, 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.