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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1948

Registration District No. 172

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16825

Primary Registration District No. 5643

Registrar's No. 30

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town RURAL FREEDOM
(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 84 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54

(c) City or town RURAL FREEDOM TWP 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JENNIE BRATTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased SEPT (Month) 23 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	7	6	hr. min.

9. Birthplace STATE OF WISCONSIN 1
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED HOUSEWIFE

11. Industry or business

FATHER
12. Name CHARLEY HELT 4
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA HOLLENBECK
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. T. BRATTON
(b) Address CONCORDIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 1 1948 (Month) (Day) (Year)
(c) Place: burial or cremation ZION HILL CEMETERY

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO

19. (a) May 3 1948 (Date received local registrar) (b) Clayton W. Landrum (Registrar's signature) 1 SH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29
year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1947, to April 29, 1948,
that I last saw him alive on April 29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	3 yrs
Due to Hypertensive cardio vascular disease	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93 D

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

23. Signature Chr Johnson MD (M. D. or other)
Address Warrensburg, Mo Date signed April 30 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 5-18-48

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed E. L. Jarvis

Licensed Embalmer No. 2058

P. O. Address Conradin, 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.