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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35971

Registration District No. 74 Primary Registration District No. 5-298 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Lafayette 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 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Lafayette twp Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Peter Brady
3. (b) If veteran, name war x x
3. (c) Social Security No. x x
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife x x
6. (c) Age of husband or wife if alive x x years
7. Birth date of deceased Aug. (Month) 5 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	2	24	hr. min.

9. Birthplace Easton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
FATHER
12. Name Patrick Brady
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Anna Pryor
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Mrs. Ella B. Downey
(b) Address 216 W 34th Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 3 (Day) 48 (Year)
(c) Place: burial or cremation Easton Mo.
18. (a) Signature of funeral director D. D. Lyon
(b) Address Plattsburg Mo.
19. (a) Nov 3-1948 (Date received local registrar) (b) Eunice Chadwick (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1948 hour 7 minute P 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.

	Duration
Immediate cause of death Chronic myocarditis and myocardial degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 935
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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature A. D. Templeman (Coroner) (~~M. D. or other~~)
Address Cameron, Mo. Date signed 11-2-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1966
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 Darell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.