

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Clinton Missouri
(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 _____ years, months or days) 75 years (Specify whether

3. (a) PRINT FULL NAME Betty Elizabeth Brady

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
7. (b) Name of husband or wife 2nd. Rudolph Brady 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 15 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name John Watson

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

14. Maiden name Hannah Watson

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

16. (a) Informant Mrs Burns Wilson

(b) Address 41 Main St Clinton Mo

17. (a) Burial (b) Date thereof Oct 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colored Cemetery

18. (a) Signature of funeral director Spore & Sant

(b) Address Clinton Mo

19. (a) 10-19-41 (b) R. J. Hampton
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. N. Washington St
(If apt., give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1941 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from October 19 1941 to October 19 1941,
that I last saw her alive on dead on arrival 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage, immediate

Due to _____

Due to _____

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

Major findings: _____

Of operations _____
Of autopsy 83a

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 _____

23. Signature R. J. Hampton (M. D. or other) 740

Address Clinton Mo Date signed 10/29/41

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1897

Date Filed 11-14-41

DEC 28 1954

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 R. B. Kennedy

Licensed Embalmer No. 3092

P. O. Address Clinton 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.