

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37850

State File No. _____

FILED DEC 8 1944

Registration District No. 757

Primary Registration District No. 5516

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town "Rural" Springfield 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) Springfield Twp.
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FANNIE B. BRAYTON

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

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 9 3 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>22</u>	hr. _____ min.

9. Birthplace Henry Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Ed Shipp
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Buchanan
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Gilmore
 (b) Address Windsor R. 4 Mo.

17. (a) Burial (b) Date thereof 11-27-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Fred Wilkinson
 (b) Address Clinton Mo.

19. (a) November 27, 1944 (Date received local registrar)
 (b) Georgia Kitcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
 year 44 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1944 to Nov 25 1944
 that I last saw him live on Nov 3 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of face
 Due to _____
 Due to _____

Other conditions 53
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 P. J. [illegible] (M. D. or other)
 Address [illegible] Date signed 11-27 44

Duration 6 mo.
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1067

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7,

11-44-1395

12-7-44

Also filed

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

J. S. Wilkinson

Licensed Embalmer No. 4376

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.