

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 2 1942
318

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 189

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

039
2
6

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Burge Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 721 S. Market
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANSLEM C. BRALLEY

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased April 15 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Oliver C. Bralley

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

14. Maiden name Mary Patterson

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

16. (a) Informant Mrs. Sam Bralley

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Phie...

(b) Address Springfield, Mo.

19. (a) 3-13-42 (b) B. W. E. Hurdley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1942 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from April 4 1942 to Mar 9 1942
that I last saw him alive on Mar 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chr. Myocarditis Duration 2 wks
Chr. Osteoarthritis 10 yrs
Due Chr. Nephritis 2 mo

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131 R
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?

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

23. Signature Ad Davis (M. D. or other)
Address Springfield, Mo. Date signed 3/9/42

APR 3 1942

APR 9 1942

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. J. Christie*

Licensed Embalmer No.....

P. O. Address.....

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.