

S. No. 2  
M-9-4-41  
v. 5-17-39  
P-1 X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10881

FILED APR 10 1948 47  
Registration District No. 47

Primary Registration District No. 4210

File No. \_\_\_\_\_  
Registrar's No. 72

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
42000

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Spanish Springs  
(c) Name of hospital or institution: in which  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 14 days  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edith P. Brake  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced unmarried  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8 11 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 8  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Mrs. W. Lang  
13. Birthplace Union Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrie Ann Coffey  
15. Birthplace Permi  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Colton  
(b) Address Spanish Mo

17. (a) burial (b) Date thereof 3 21 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Spr

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

19. (a) March 22, 1948 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature) S.K.

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 19  
year 1948 hour 12 minute 05A M.

21. I hereby certify that I attended the deceased from 12:05 to 12:18 1948  
that I last saw hm alive on Mar 18 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 J. W. Schmitt M. D. or other \_\_\_\_\_  
Address March 20 Date signed 3-22-48

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

1069

APR 22 1942

RECEIVED

District Health Officer No. 7

District File Number 4-42-313

Date Filed 4-7-42

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

9407, Registered Apprentice No.

working under my personal supervision.

Signed

*Fred Welkerson*

Licensed Embalmer No.

2478

P. O. Address

Clinton, Md

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.