

FILED JUN 13 1942

Registration District No. 372

Primary Registration District No. 5435

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Ash Grove (Rural) Boone township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RFD. 1
 (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 or years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Edward Brautham

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1942 hour 10 minute 30 M.
 21. I hereby certify that I attended the deceased from May 20
1942 to May 22 1942
 that I last saw him alive on May 22 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Herman
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased March 22 1853
 (Month) (Day) (Year)

Immediate cause of death an acute cardiac block.
 Due to Hypertension Duration 2 days

8. AGE: Years 59 Months 2 Days 0
 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business General Farming

12. Name Mr Brautham

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

14. Maiden name Mary Perryman

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

16. (a) Informant Bladys Brautham

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof May 21 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kelley Cemetery

18. (a) Signature of funeral director Gene A. Breen

(b) Address Western Mo

19. (a) May-23-1942 (b) J. Birch
 (Date received local registrar) (Registrar's signature)

Other conditions _____
 (Include pregnancy within 3 months of death) ASD

Major findings: Of operations none
 Of autopsy none

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?

While at work _____ (Specify type of place)
 (r) Means of injury _____
 23. Signature Bladys Brautham Ad. D. Registrar
 Address Ash Grove Mo Date signed 5/23/42

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

39
00

RECEIVED

Greene County Health Office,

County File Number 42-6-56

Date Filed 6/2/43

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. O. Birch

Licensed Embalmer No. 385-6

P. O. Address Ash Grove 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.