S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13640

FILED MAY 11 1943

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Boone County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 1213 Walnut St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

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3. (a) PRINT FULL NAME WALTER PERRY BRASELTON

3. (b) If veteran, name war None

3. (c) Social Security No. 486-14-0138

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Marian

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 - 28 - 1900
(Month) (Day) (Year)

8. AGE: Years 43 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Huntington (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Employee of Cancer Hospital

11. Industry or business

FATHER
12. Name Walter H. Braselton
13. Birthplace Georgetown (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Ida Perry
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Mrs. Walter P. Braselton
(b) Address 1213 Walnut St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Columbia, Mo.

19. (a) 4-30-43 (Date received local registrar) (b) Edna Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 4-5-43, 1943, to 4-29-, 1943
that I last saw him alive on 4-28-, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration 24 days

94a

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) 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?
(Specify type of place)

(e) While at work? No (e) Means of injury 0

23. Signature W. P. Dysart (M. D. or other) M. D.
Address Columbia Mo. Date signed 5-1-43

1250

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4[illegible]

P. O. Address Columbia, 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.