No. 2
1—2-43
5-17-39
1 X 3612

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31379

Registration District No. 535 Primary Registration District No. 3811 Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Carroll.

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

(c) Name of hospital or institution: 403. N. Main Street. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll.

(c) City or town Carrollton Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 403. N. Main street. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Roy-George-Brotherton.

3. (b) If veteran, name war

3. (c) Social Security No. 487-10-5137

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife (Scott) Sarah Brotherton

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May. (Month) 18 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	28	hr. min.

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

10. Usual occupation Telegraph Operator.

11. Industry or business Standolin oil Co.

FATHER
12. Name Edward Brotherton
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Catherine Wilbur.
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Sarah Brotherton

(b) Address 403 N. Main St Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak hill Cemetery.

18. (a) Signature of funeral director Willis-Marshall.

(b) Address Carrollton Mo.

19. (a) 9-20-43 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

105 S

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th year 1943. hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9-16, 1943, to 9-16, 1943 that I last saw h... alive on 9-16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 or 3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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 W. G. Atwood (M. D. or other)

Address Carrollton Mo Date signed 9/20/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-6-43

SEP 5 1944

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 Myself, Registered Apprentice No. , working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.