

FILED OCT 1 - 1943

State File No. _____

Registration District No. 07

Primary Registration District No. 5246

Registrar's No. 44

1. PLACE OF DEATH:

(a) County CHRISTIAN
(b) City or town SPARTA, MO RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHRISTIAN MO
(c) City or town SPARTA RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1943 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from April
4th, 1941, to Sept 23, 1943
that I last saw him alive on Sept 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 1 week

Due to Hypertrophied Prostate
probably cancerous
Due to no operation

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

Major findings: _____
Of operations _____
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)
(a) Means of injury _____

23. Signature R. R. Farthing (M. D. or other) _____
Address Osark Mo Date signed 9-25-43

3. (a) PRINT FULL NAME BENJAMIN H. BRADEN

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WIFE ANNE BRADEN 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 14 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name Benton Braden

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

14. Maiden name Rosa Bounds

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

16. (a) Informant Annie Braden

(b) Address Sparta Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 43
(Month) (Day) (Year)

(c) Place: burial or cremation Sparta

18. (a) Signature of funeral director W. R. Kalkbren

(b) Address Sparta Mo

19. (a) 9-27-1943 (Date received local registrar) (b) Mrs. M. Johnson (Registrar's signature)

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

22
0
0

OCT 11 1947

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

T. B. Chaffin

Licensed Embalmer No.

2192

P. O. Address

Clark Ave

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.