

FILED DEC 9 1943  
Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 349

1. PLACE OF DEATH:

(a) County St. Francois (b) City or town Farmington RURAL, St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State Hospital # 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Oran  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Samuel Brady.

3. (b) If veteran, name war no 3. (c) Social Security none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mary E. Brady. 6. (c) Age of husband or wife if alive 11 years 1877

7. Birth date of deceased Nov 11 1877  
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Bradford, Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant.

11. Industry or business \_\_\_\_\_

12. Name William Brady

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

14. Maiden name Dont Know

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

16. (a) Informant Albert Brady (Son)

(b) Address Oran Mo. & St. Hospt. #4, Farm

17. (a) Burial (b) Date thereof Nov 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oran Cemetary

18. (a) Signature of funeral director Heisserer Funeral Home  
(b) Address Oran Mo.

19. (a) Nov 19 1943 (b) Syndie Bukmester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13, year 1943 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from November 2, 1943 to November 13, 1943; that I last saw him alive on November 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to Hypertensive Cardio vascular changes

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

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Dr. J. J. ... (M. D. or other) 2nd

Address 408 ... Date signed 11-18-43

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

RECEIVED

District Health Officer No. 4  
District File Number 12-43-3018  
Date Filed 12-8-43

---

---

**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: Raymond Crews  
Licensed Embalmer No. 3467  
P. O. Address: Sikeston 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.**