DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1980

ED FEB 8 1944

Registration District No. 27 — Primary Registration District No. 3005 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Butler Memorial Hospital.
(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 Mo (b) County Bates

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

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Elsie Patrick Brayton

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

4. Sex female | 5. Color or race white | 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased October (Month) 30 (Day) 1860 (Year)

8. AGE: Years 83 | Months 3 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Near Amsterdam Bates Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Calvin Reed
13. Birthplace Albany (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Jane Glenn Kreth
15. Birthplace Probably Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Archer
(b) Address Amsterdam Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Lion Cemetary

18. (a) Signature of funeral director Lee Mangold
(b) Address Amsterdam Mo

19. (a) Jan. 24, 1944 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1944 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 7, 1944, to Jan. 24, 1944 that I last saw her alive on Jan. 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Hypostatic pneumonia

Due to .....

Due to Fracture Rt. Lig

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

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) Accident.

(b) Date of occurrence Jan 7, 1944 OOB

(c) Where did injury occur? Home (City or town) Amsterdam (County) Bates (State) Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ✓ (e) Means of injury Fall

23. Signature Orites W. Lutes (M. D. or other) OMA

Address Butler Mo Date signed 1/24/44

1306

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFILLED

RECEIVED
District Health Officer No. 7,
District File Number 1-44-108
Date Filed 2-7-44

MAY 4 1944

NOV 7 1952

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.