. No. 2
1--2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11085

Registration District No. 1317 Primary Registration District No. 3023 Registrar's No. 60

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 703 N. Wash St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RAYMOND BRADY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race Negro
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 7 (Day) 1904 (Year)

8. AGE: Years 39 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Wm Brady
13. Birthplace Marshall (City, town or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lillie Cumming
15. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
16. (a) Informant Bertha Brady
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Island Cem
18. (a) Signature of funeral director Spencer Lane
(b) Address Clinton Mo
19. (a) March 23 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature) D.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21th
year 1944 hour 10.00 minute M.
21. I hereby certify that I attended the deceased from 10-22 1943 to 3-21 1944
that I last saw h/m alive on 3-19 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 hr.
Due to: Hypertension	5 Mo
Due to: Chr. Interstitial Nephritis Brights Disease	5 Mo 5 Mo.
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)
(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 Eugene D Merrill (M. D. or other) MD
Address Clinton Mo Date signed 3-22-44

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1949

MAY 14 1949

RECEIVED
District Health Officer No. 7
District File Number 3-44-466
Date Filed 4-11-44

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 Jno

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton 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.