

No. 2  
1-4-41  
5-17-39

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28934

FILED SEP 13 1944

Registration District No. 342

Primary Registration District No. 4153

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Rural Pike Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Advance  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country /

3. (a) PRINT William Pinkney Braden

FULL NAME  
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, widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased March 13 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name John Braden  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Minta Solis  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Parsons  
(b) Address Panton, Mo.

17. (a) Burial (b) Date thereof May 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Trace Creek

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. J.E. Braton

19. (a) June 20 44 (b) M. N. Thruway  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1944 hour 1:00 minute..... A. M.

21. I hereby certify that I attended the deceased from May 10 1944 to May 20 1944  
that I last saw him alive on didn't see him 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Duration.....

Due to.....  
Due to.....

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

Major findings: Of operations.....  
Of autopsy.....  
162 f

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 E. O. Masters (M. D. or other) do  
Address Advance, Mo Date signed 7-20-44

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

103  
0  
0

103  
0

RECEIVED

District Health Office No. 2,

District File Number

944-1232

Date Filed

9-11-44

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.....

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

working under my personal supervision.

Signed

*J. E. Graham*

Licensed Embalmer No.

4010

P. O. Address

*Luttsville, 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.**