

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH SERVICES
FILED SEP 26 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31035

State File No.

Registrar's No. 73

Registration District No. 243

Primary Registration District No. 3047

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
Sales Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Wheaton, Mo.
(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 Minor Brattin

3. (b) If veteran, name war _____

3. (c) Social Security No. Not Available

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

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

7. Birth date of deceased September 8 1923
(Month) (Day) (Year)

8. AGE: Years 22 Months 11 Days 31 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck driver for Railway

11. Industry or business Ice Company

12. Name R. D. Brattin

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

14. Maiden name Cora Ruppert

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

16. (a) Informant R. D. Brattin

(b) Address Wheaton, Mo.

17. (a) Burial (b) Date thereof Sept. 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncy chapel (Wheaton, Mo.)

18. (a) Signature of funeral director Wm. Mansueti

(b) Address Wheaton, Missouri

19. (a) Sept 11, 1946 (b) Melvin C. Bonman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 25 AUG 1946
to 30 AUG 1946
that I last saw him alive on 30 AUG 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
(1) BRONCHOPNEUMONIA
(2) SHOCK
Due to CRUSHING INJURY OF CHEST
FRAGMENTED COMP. FRACTURE LEFT ARM
Due to INJURIES RECEIVED IN CAR WRECK

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

Duration

48 Hours

5 DAYS

5 DAYS

5 DAYS

Major findings:
Of operations NONE
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) ACCIDENT

(b) Date of occurrence 25 AUG 1946

(c) Where did injury occur? NEOSHO NEWTON MO - HWY 60
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. PUBLIC HWY

While at work? NO (Specify type of place) CAR LEFT HWY AND STRUCK TREE
(e) Means of injury

23. Signature R. D. Brattin M.D. (M. D. or other)

Address 113 W. Hickory Neosho, Mo. Date signed 11 Sept 46

RECEIVED

District Health Officer No. *Muskegon*
District File Number *946-139*
Date Filed *9-23-46*

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 *Wm. Marvin Payne*

Licensed Embalmer No. *3447*

P. O. Address *Western, 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.