. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45

State File No.

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 4

4
1
2

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
815 W. Monroe St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 815 W. Monroe St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John R. Braden
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Roma A. Braden
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased September 7, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	4	0	hr. min.

9. Birthplace Columbus, Indiana /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name James Braden
13. Birthplace New York /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Wallace
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)
16. (a) Informant Miss Fern Braden
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) Elm (b) Date thereof Jan. 9, 47
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.
18. (a) Signature of funeral director Earl E Prude
(b) Address Mexico, Mo.
19. (a) 1/9/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1947 hour 6 minute 10 A M.
21. I hereby certify that I attended the deceased from Oct 23, 1946, to Jan 7, 1947;
that I last saw him alive on Jan 5, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Due to gangrene of legs
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

97

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 0
23. Signature Charles L Gaines (M. D. or other)
Address Mexico Mo Date signed 1/8/47

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(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1947

FEB 3 1947

RECEIVED
District Health Officer No.
District File Number 147622
Date Filed JAN 16 1947

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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Audrain

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of February, 1947, before me appears Fern Braden, who, upon her oath, states that the original record of ~~birth~~ death for John R. Braden died January 7, 1947, in the State of Missouri, and which was filed at Mexico on Jan. 9, 1947, should be corrected as follows:

Item No. 20 should read Jan 7, 1947
Instead of Jan 6, 1946

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fern Braden Daughter
Relationship.

815 W. Monroe St. Mexico, Mo.
Present Address.

Subscribed and sworn to before me this 19th day of Feb., 1947

My Commission expires 6-24-47 J. J. Cooper Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
0M—4-43
I X36667

S-45