

No. 2
4-5-43
5-17-39
I X36671

FILED JUN 9 1947
128

Registration District No. _____

Primary Registration District No. **2000**

Registrar's No. **414**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Bolivar**
(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 **Rena Ann Braithwait**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **J.R. Braithwait** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 31 1908**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	4	17	hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **W.B. Lee**
13. Birthplace **Bolivar Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Pearl Rummyon**
15. Birthplace **Bolivar Missouri**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **J.R. Braithwait**
(b) Address **Bolivar, Mo.**

17. (a) **Burial** (b) Date thereof **5/21/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bolivar, Mo.**

18. (a) Signature of funeral director **H.H. Lohmeyer**
(b) Address **Springfield, Mo.**

19. (a) **5-19-47** (b) **W.E. Handley MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**
year **1947** hour **8** minute **0** P. M.
21. I hereby certify that I attended the deceased from **May 17**
19**47** to **May 18** 19**47**;
that I last saw h^{er} alive on **May 18** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Brain Abscess -
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration
7 days

Major findings: Of operations _____
Of autopsy **BRAIN ABSCESS**
Left acetabular Salter

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 **Edward Hugh Brown** (M. D. or other) _____
Address **Springfield Mo** Date signed **5/19/47**

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

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.