

No. 2  
-12-45  
-17-39  
X47070

FILED NOV 25 1947

State File No. \_\_\_\_\_

Registration District No. 23

Primary Registration District No. 3048

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours  
(Specify whether years, months or days)

In this community 7 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville "Rural"  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 Miles Northeast  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME GRACE MAE BRADEN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Bert Braden (Deceased)

6. (c) Age of husband or wife if alive \*\*\*\*\* years

7. Birth date of deceased May 6, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>2</u>	* * * * * hr. min.

9. Birthplace Pottawatomie Co. Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name George Wilkinson 9

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

14. Maiden name Alice Bolton

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

16. (a) Informant Clair Braden

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 11-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia, Iowa

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

(b) Address 120 East 1st, Maryville, Mo.

19. (a) Nov. 10, 1947 (b) Bess Holtz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th  
year 1947 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct 10 1945 to Nov 8 1947  
that I last saw her alive on Nov 8 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Parotitis Duration 1 wk

Due to Carcinoma Uterus 2 yrs

Due to \_\_\_\_\_

Other conditions 48 B  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no operations

Of autopsy no 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature L. D. Deau (M. D. or other) 745  
Address Maryville, Mo. Date signed 11-10-47

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

JAN 13 1948

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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 Clem M. Pica

Licensed Embalmer No. 1822

P. O. Address Marville, 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.