

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

0400

| | | | | | | | |
|---|------------------------|---|--|--|--|---|-------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. (32) | | PRIMARY REG. DIST. NO. 5474 | | Registrar's No. 55 | |
| 1. PLACE OF DEATH a. COUNTY GRUNDY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY GRUNDY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON, RURAL #4 | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON | | 0400 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) TRENTON, RURAL ROUTE # 4 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HERMAN | | b. (Middle) LESLIE | | c. (Last) BRATTON | | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 31, 1951 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH NOV. 3, 1896 | | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months 4 | IF UNDER 24 HRS. Days 28 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK, COUNTY | | 10b. KIND OF BUSINESS OR INDUSTRY GRUNDY COUNTY | | 11. BIRTHPLACE (State or foreign country) GRUNDY, COUNTY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME THEOPHILUS BRATTON | | 13b. MOTHER'S MAIDEN NAME SALLIE ANN THOMAS | | 14. NAME OF HUSBAND OR WIFE JEWELL CARTER BRATTON | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS JEWELL BRATTON TRENTON, R. R. #4 | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 6-mo | |
| 19a. DATE OF OPERATION January 1951 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas | | 157X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Sept - 1950, to 3-31-1951, that I last saw the deceased alive on 3-28-1951, and that death occurred at 6:25 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) M. J. Mason MD | | | | 23b. ADDRESS Trenton Mo | | 23c. DATE SIGNED 4-2-1951 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 4/3/51 | 24c. NAME OF CEMETERY OR CREMATORY EDINBURGH CEMETERY | | 24d. LOCATION (City, town, or county) (State) EDINBURGH, MISSOURI | | |
| DATE REC'D BY LOCAL REG. 4/2/51 | | REGISTRAR'S SIGNATURE Gene Fair | | 25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Ligon | | ADDRESS TRENTON, MO. | |

AUG 16 1954

JUN 27 1954

EXHIBIT A 2848

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles D. Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. 3109

P. O. Address TRENTON, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.