

FILED MAR 2 1945

Primary Registration District No. 4024

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5-

(c) City or town Cassville 1
(If outside city or town limits, write "RURAL.") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie L. Brattin

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

4. Sex female 1 5. Color or race white 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased May 1 21 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Feb 10
1941 to Jan 30 1945
that I last saw her alive on Jan 28 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 9 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Apoplexy

Due to not known for sure.

Due to _____

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

9. Birthplace Princeton Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Major findings: Of operations 30

Of autopsy _____

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

11. Industry or business _____

12. Name J. C. Sills

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann George

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

16. (a) Informant Mrs. Calvin Henderson
(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 2-4-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville Missouri

19. (a) Feb 5 - 1945 Grace Williams
(Date received local registrar) (Registrar's signature)

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 W.R.M. Clune (M. D. or other) DO
Address Cassville, Mo Date signed 2-5-45

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

MOTHER FATHER

1070

RECEIVED

District Health Officer No. 6;

District File Number 245-233

Date Filed FEB 28 1945

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.