

REC'D AUG 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26210  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township Marion Primary Registration District No. 3029 Registered No. 203  
 (c) City Hannibal (d) Street No. Levering Hospital - St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bernice R. Brainard

(a) Residence, No. Kansas City Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF VERN  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-21-1903  
 7. AGE YEARS 35 MONTHS 10 DAYS            If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-1-1939  
 22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 1, 1939  
 I last saw her alive on July 18, 1939. Death is said to have occurred on the date stated above, at 8:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Hemorrhage from numerous operations & fracture of right leg. Spine Suble. Probably concussion of brain  
 Other contributory causes of importance:  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) Fountain County (STATE OR COUNTRY) Indiana

FATHER 13. NAME Samuel M. Ratcliff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND.

MOTHER 15. MAIDEN NAME Ann Lindley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND.

17. INFORMANT Vern Brainard (ADDRESS) 244 E. 2nd St. Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Indianaapolis - IND. DATE July-3-39

19. FUNERAL DIRECTOR (NAME) Jessie C. Namer (ADDRESS) Hannibal Mo

20. FILE July 5 39 100 Registrar

Name of operation Hemorrhage from numerous operations & fracture of right leg. Spine Suble. Probably concussion of brain Date of July 1 1939  
 What test confirmed diagnosis?            Was there an autopsy?             
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury July 2 1939  
 Where did injury occur? Highway 36 - Marion County (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Highway  
 Manner of injury Automobile accident  
 Nature of injury Fracture - lacerations etc  
 24. Was disease or injury in any way related to occupation of deceased?             
 If so, specify (Signed) Bernard J. Murphy M. D.  
 (Address) Hannibal Mo.

Every year of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2109

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3029 Registered No. 203  
 (c) City Hannibal (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bernice R. Brainard

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 10 10

Headache from numerous lacerations & fracture of rt leg. Brown shock? Probably concussion? Brown  
 Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
 210  
 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury 7-1, 1939  
 Where did injury occur? Hannibal, Marion Co., Missouri (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Collision with other car  
 Nature of injury Compound fr. in lower leg, hemorrhage

24. Was disease or injury in any way related to occupation of deceased? If so, specify Bernice R. Murphy M. D. (Signed) Hannibal (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

1939  
S-26210