

NOV 21 1940

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

36127
Do not use this space.

1. PLACE OF DEATH

(a) County RANDOLPH Registration District No. 735
(b) Township..... Primary Registration District No. 3034 Registered No. 207
(c) or City MOBERLY (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

(a) Residence, No. 527 N. AULT 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

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm HACK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 23-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 9
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. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

FATHER 13. NAME JOSEPH BRATCHER 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER 15. MAIDEN NAME MARY JANE RENFROW

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) MRS. KILLION 527 N. AULT MOBERLY Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE OAKLAND CEM DATE OCT 4 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HACKNEY FUN. HOME MOBERLY Mo.

20. FILED Oct 4 1940 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH 10:30A

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 2 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 to Oct 2, 1940
I last saw her alive on Sept 15, 1940 Death is said to have occurred on the date stated above, at 10:30 am.
The principal cause of death and related causes of importance were as follows:

Carcinomatosis from carcinoma right apillary region. Date of onset

Other contributory causes of importance: 57

Name of operation Right apillary tumor Date of July 1939
What test confirmed diagnosis? Chemist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide no Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) L. E. Fisher M. D.
Mo. 5 (Address) Moberly Mo.

N. B.—Every item 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.

RECEIVED

District Health Officer No. 10

District File Number 11-40-2163

Date Filed NOV 14 1940

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 Paul T. Hackney
Licensed Embalmer No. 3598

P. O. Address Molokai, 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.