

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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37655**

BUREAU OF THE CENSUS  
NOV 20 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1053**

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City, Mo.  
 (c) Name of hospital or institution: Lakeside Hosp.  
 (d) Length of stay: In hospital or institution Sept 20 to Nov 7 '40  
 In this community 16 yrs.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 City or town Kansas City  
 (d) Street No. Madrox Apt. Hotel  
 (e) If foreign born, how long in U. S. A. 14<sup>th</sup> Central years.

**3. (a) PRINT FULL NAME** HERMAN BENNETT BRACKEN  
 (b) If veteran, name war No  
 (c) Social Security No. 495-09-2145

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Nov day 7 year 1940 hour 11:30 minute P.  
**21. I hereby certify that I attended the deceased from** Sept 22, 1940 to Nov 7, 1940  
 that I last saw him alive on Nov 7, 1940  
 and that death occurred on the date and hour stated above.

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (c) Age of husband or wife if alive** 35 years  
**7. Birth date of deceased** Nov 3 1904

Immediate cause of death	Duration
<u>Acute Myocarditis</u>	<u>4 days</u>
<u>Para-typhoid (A)</u>	<u>5 1/2 wks.</u>
Due to _____	_____
Due to _____	_____

**8. AGE:** Years 36 Months — Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
**9. Birthplace** Kentucky  
**10. Usual occupation** Bar tender

**Other conditions** \_\_\_\_\_  
**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** Herman Bracken  
**13. Birthplace** Kentucky  
**14. Maiden name** Paisy Lee  
**15. Birthplace** Kentucky  
**16. (a) Informant's own signature** Maudie Bracken  
**(b) Address** Madrox Apt. Hotel  
**(c) Place: burial or cremation** Edwardsville, Kan.  
**(a) Signature of funeral director** Libson  
**(b) Address** 7th State Ave. N. City  
**(a) Date received local registrar** Nov 8, 1940  
**(b) Registrar's signature** M. M. Grome

**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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
**23. Signature** Dr. J. Keenan  
**Address** 1115 Grand Ave **Date signed** Nov 8-40

**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.

Registered Apprentice No.....

Signed

Licensed Embalmer No. *7984*

P. O. Address *W.C. Kelley*

**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.**