

STANDARD CERTIFICATE OF DEATH

39541

State File No. _____

Registration District No. 718

Primary Registration District No. 5949

Registrar's No. 56

FILED DEC 17 1940

1. PLACE OF DEATH:

(a) County Putman
 (b) City or town Lucerne R. & W. Jackson
 (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 51

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putman
 (c) City or town Lucerne (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. South E. 7 Lucerne Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME MRS NANCY BRACKETT

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Joe Brackett dead 8 yrs 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 28 1853
 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name Jessie Tucker
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Judd
 15. Birthplace Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Electa Eschman
 (b) Address Hanna Mo

17. (a) Burial & Removal (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Weatherford Okla.

18. (a) Signature of funeral director Judd & Payne
 (b) Address Newtoston Mo

19. (a) Nov-16-1940 (b) N. W. Gillman
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
 year 1940 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 1, 1936, to Nov 14, 1940
 that I last saw W alive on Nov 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver
 Duration 1 Year

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

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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?
645 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature G. S. Bradley (M. D. or other) _____
 Address Warrior Mo Date signed 11-12-40

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

RECEIVED

District Health Officer No. 10

District File Number 17-40-2226

Date Filed DEC 7 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 J. Howard Fuld

Licensed Embalmer No. 3240

P. O. Address Newtown 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.