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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42171

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 178

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ray
(c) City or town: Hardin
(If outside city or town limits, write "RURAL")
(d) Street No.: --
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME: Elmer Bratten
3. (b) If veteran, name war: Spanish American & Philippine Insurrection
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leandra Bratten
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: Sept. 10, ~~1875~~ 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62 ~~65~~	2	23	hr. min.

9. Birthplace: Sedalia, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Rural Mail Carrier
11. Industry or business: U.S. Post Office
MOTHER FATHER
12. Name: Patrick Bratten
13. Birthplace: -- (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Jennie Allen
15. Birthplace: -- (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address:
17. (a) Wadsworth, Kans (Burial, cremation, or removal) (b) Date thereof: 12-6-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Wadsworth, Kansas
18. (a) Signature of funeral director: Claude Prichard
(b) Address: Excelsior Springs, Mo.
19. (a) Dec 6 - 40 (Date received local registrar) (b) Mo Lea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3d year 1940 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from November 26, 1940, to December 3, 1940, that I last saw him alive on December 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart Disease, chronic, mitral
Myocarditis, chronic, with degeneration
Due to: Acute serofibrinous pericarditis with effusion
Due to:
Other conditions (Include pregnancy within 3 months of death): G.J.W.
Major findings:
Of operations: ---
Of autopsy: As shown above

Duration

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? ---
(Specify type of place)
While at work? (e) Means of injury:

23. Signature: J. A. GERMAN, M.D. Clinical Director
Address: Veterans Administration Facility, Excelsior Springs, Mo. Date signed: 12-4-40

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1941

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 Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Spring

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Toney }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of January, 1941, before me appears Leandra Bratten, who, upon her oath, states that the original record of ~~birth~~ death for Elmer Bratten, died ~~born~~ December 3rd, 1940, in the State of Missouri, and which was filed at Jefferson City, Mo. on, 19, should be corrected as follows:

Item No. 7 should read September 10, 1878
Instead of " 10, 1875

Item No. 8 should read years 62 - 2 mo - 23 days
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Leandra Bratten Wife
Relationship.

Branson, Mo.
Present Address.

Subscribed and sworn to before me this 10th day of January, 1941.

My Commission expires May 17, 1943

H R Swarey Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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