

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38842

FILED DEC 12 1941
Registration District No.

Primary Registration District No. 5751

Registrar's No.

43

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Rural (Ravanna Township)**
(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 **4 years.** (Specify whether years, months or days)
In this community **4 years.**

3. (a) PRINT FULL NAME **Iantha Bracewell**

3. (b) If veteran, name war. 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **William Bracewell** 6. (c) Age of husband or wife if alive **2** years
7. Birth date of deceased **April 2 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 29 hr. min.

9. Birthplace **Red Wing Minn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Handsewing**

11. Industry or business

12. Name **Lucius Snow**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Walker**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wayne Bracewell**
(b) Address **Davenport Iowa**

17. (a) **Burial** (b) Date thereof **Nov. 4, 1941**
(Burial, cremation, or removal) **Evergreen Cemetery**
(c) Place: burial or cremation **Lineville Iowa**

18. (a) Signature of funeral director **C. E. Brantley**
(b) Address **Lineville Iowa**

19. (a) **11/2-41** (b) **J. M. Barry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer**
(c) City or town **Mercer Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD 1** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **1**
year **1941** hour **3** minute **20** A. M.

21. I hereby certify that I attended the deceased from **Spt 1 1939** to **Nov 1 1941**
that I last saw him alive on **Oct 25** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Cancer of Rectum
Due to **apoplexy -** Duration **2 days**
Due to **Cancer of Rectum** **5 yrs**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **462**
Of autopsy
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?

While at work (Specify type of place) (e) Means of injury
23. Signature **C. E. Brantley** (M. D. or other)
Address **Lineville Iowa** Date signed **Nov 4, 1941**

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

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. 3967

working under my personal supervision.

Signed

Anna J. Greenlee

Licensed Embalmer No.

P. O. Address

Mercer 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, fact should be so stated above.