

FILED FEB 16 1942

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1209 Monroe St  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Arlette M. Bramblett

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 13, 1896  
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Beauty operator

11. Industry or business

12. Name Archie Jenkins

13. Birthplace Mexico, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Suddeth Mo. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Jane Zbirden

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof Jan. 9, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico.

18. (a) Signature of funeral director Paul S. Pardo

(b) Address Mexico, Missouri

19. (a) Jan 9 (b) 42 Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1942 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1942 to Jan. 8, 1942 that I last saw her alive on Jan. 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Metastasis of Carcinoma of uterus and adnexa  
Due to Carcinoma of uterus and adnexa

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

Major findings: Of operations 486  
Of autopsy:

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 W.D. Haskins M.D. or other MD  
Address Mexico Mo. Date signed 1-8-42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1074

*Plm. Head  
with the...  
of which...*

RECEIVED

District Health Officer No. 10

District File Number 2-42-197

Date Filed FEB - 7 1942

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.....

Earl E. Precht....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189

P. O. Address. Mexico, 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.**