

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23746**

FILED AUG 18 1941

Registration District No. **100**

Primary Registration District No. **402-14**

Registrar's No. **70**

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

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Cassville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Barry County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **WILLIAM HORACE BRATTIN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Minnie Bratten**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **march 19 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **17**
If less than one day hr. min.

9. Birthplace **Barry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Bratten**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Peach**
15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Horace Bratten**
(b) Address **Route 1, Epeter, Missouri**

17. (a) **Burial** (b) Date thereof **Janu. 6, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concord**

18. (a) Signature of funeral director **Koon Funeral Home**
(b) Address **Cassville, Mo.**

19. (a) **Jan 2 1941** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Epeter (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 mile NW of Epeter**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **5**
year **1941** hour **6** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **December 24**, 1940, to **Jan 5 24**, 1941;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Bacteremia (pneumococcus)** Duration **5 days**

Due to **Complications from acute Lobar pneumonia** 7 days.

Due to _____

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations _____

Of autopsy **none**

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?

While at work? (Specify type of place) _____
(e) Means of injury _____
Signature **James L. Jackson** (M. D. or other) _____
Address **Cassville, Mo.** Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 842-1268

Date Filed AUG 17 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.....

Eugene Wood....., Registered Apprentice No.....
working under my personal supervision.

Signed Eugene Wood.....

Licensed Embalmer No. 3804

P. O. Address Cassville, 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.