

FILED MAR 14 1944

Registration District No. 2-39

Primary Registration District No. 5825

Registrar's No. 4356

72  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Catron  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Como township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Twenty years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Catron Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James David Bratcher

3. (b) If veteran, no name war \_\_\_\_\_

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 Bertha L Bratcher

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 24 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James B Bratcher

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

14. Maiden name Arpee Hillen

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

16. (a) Informant Mizomette Woolsey

(b) Address 1108 N. Spanish Cape Girardeau Mo

17. (a) removal (b) Date thereof Jan 34 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden

18. (a) Signature of funeral director Thomas C. Knight

(b) Address Parma Missouri

19. (a) 2-1-44 (b) Mr. J. F. Barrett  
(Date received local registrar) (Signature)

Mar 6/44 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30  
year 1944 hour 8 P minute A. M.

21. I hereby certify that I attended the deceased from 1-29  
1944 to 1-29 1944;  
that I last saw h. l. i. alive on 1-29 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of base of brain

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H69

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature W. H. ... (M. D. or other) MD

Address Morhouse Mo Date signed 1-31-44

RECEIVED

District Health Office No.

District File Number *94-46*

Date Filed *3-9-44*

STATEMENT BY LICENSED EMBALMER

*not*

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 *G. E. Knight*

Licensed Embalmer No.....

P. O. Address *Parma, Ohio*

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.