

FILED OCT 25 1945

State File No.

Registration District No. 61

Primary Registration District No. 4407 5236

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs, Box 749
(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.
In this community.
years, months or days

3. (a) PRINT FULL NAME Laura Josie Brackenridge

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm Brackenridge 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov 8 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 5 hr. min.

9. Birthplace Jefferson Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Thomas F Ince
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Francis Ince
15. Birthplace Jefferson
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Brackenridge
(b) Address El Dorado Springs, Mo.
17. (a) Burial (b) Date thereof 10-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Cemetery

18. (a) Signature of funeral director Wm Brackenridge
(b) Address El Dorado Springs, Mo.
19. (a) 9/29/1945 (b) Wm Brackenridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28
year 1945 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart Block

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature Wm Brackenridge (M. D. or other)
Address El Dorado Springs, Mo. Date signed 9/29/45

RECEIVED

No. 7.

9-45-1041

10-23-45

DEC 18 1945

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 _____

working under my personal supervision. _____ Registered Apprentice-No. _____

Signed _____

Licensed Embalmer No. 2034

P. O. Address *Edwards Springs, 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.