

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27025

FILED SEP 9 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3694

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2705 Tracy Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SPENCER BRACKEN (BRACKETT)

(b) If veteran, name war no

(c) Social Security No. 486-26-9645

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1946 hour 8 minute 30 p. M.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased 12 - 26 - 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2 August 17 1946, to August 23 1946; that I last saw him alive on August 23 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

52 7 27 hr. min.

Immediate cause of death Diabetic Coma

9. Birthplace New Orleans, Louisiana
(City, town, or county) (State or foreign country)

Due to Diabetes Mellitus
Arteriosclerotic Heart Disease

10. Usual occupation Janitor

Due to _____

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

11. Industry or business Unemployed

Major findings: Of operations 61

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Ephraim Brackett (BRACKETT)

13. Birthplace New Orleans, Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Katie White

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

16. (a) Informant Ben Brackett

(b) Address 200 First Street, Greenville, TEX.

17. (a) Burial (b) Date thereof 8-29-46 Miss.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. Mo.

19. (a) 8-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address 600 East 22nd Street Date signed 8/26/46

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

25867

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.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.