

S. No. 2  
M-8-43  
5-17-39  
K37823

36263

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 13 1946

Registration District No. 47

Primary Registration District No. 5764

Registrar's No. 361

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:  
R # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State 7710 (b) County Callaway

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

(d) Street No. R # 2  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy Bacher

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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 31 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Arthur Bradley

13. Birthplace D.K.

14. Maiden name Martha Tharp

15. Birthplace D.K.

16. (a) Informant Mrs. Arthue Ewing

(b) Address Fulton, Mo R.F.D. # 2

17. (a) Burial (b) Date thereof 11-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilcrest

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 776 6th St Fulton, Mo

19. (a) 11-4-1946 (b) Joan Moroschhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2  
year 1946 hour 10 minute 2 A.M.

21. I hereby certify that I attended the deceased from June 10, 1945 to 11-20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic  
Cardio-Vascular  
Hypertension

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

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

Other conditions Paralysis of lower limbs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 92A

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? \_\_\_\_\_

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

23. Signature W O Payne (M. D. or other) \_\_\_\_\_  
Address R # 16 Fulton Date signed 11-4-46

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

MOTHER FATHER

~~Date Filed 11/2/46~~  
District File Number  
District Health Officer No. 9,  
**RECEIVED**

**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 Kenjil C. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fuller 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.**