No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24693

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 810

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

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 da (Specify whether years, months or days)
In this community: 7 da

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Caldwell
(c) City or town: Kingston
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: George Franklin Bratcher
3. (b) If veteran, 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: Gertrude M. Bratcher
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: January (Month) 30 (Day) 1889 (Year)

8. AGE: Years 51 | Months 5 | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace: Cameron (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ?
MOTHER FATHER
12. Name: Simion H. Bratcher ?
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Wyppard
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Gertrude M. Bratcher
(b) Address: Kingston Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-29-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial - Kingston Mo
18. (a) Signature of funeral director: Cramer Clark
(b) Address: Kingston, Missouri
19. (a) 7/28/40 (Date received local registrar) (b) H. J. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 21, 1940, to July 28, 1940, that I last saw him alive on July 27, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: peritonitis (General)	5 days
Due to: abscess of appendix	8 days
Due to: ruptured appendix	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: abscess of appendix	
Of autopsy: abscess of appendix	

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

23. Signature: Guy R. Fogron M.D. (M. D. or other)
Address: 731 Faraon St. Date signed 7/28/40

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston 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, above space should be left blank.