

Registration District No. **449**

Primary Registration District No. **4267**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **LACLEDE**  
(b) City or town **LEBANON MISSOURI**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **105 MONROE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **3 Days 1** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **LACLEDE 53**  
(c) City or town **LEBANON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **105 MONROE**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **30**  
year **1941** hour **7** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct 27 - 41**  
\_\_\_\_\_ 19\_\_\_\_ to **Oct 30** 19\_\_\_\_  
that I last saw him alive on **Oct 30** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Failure of closure of the foramen ovale of baby's heart**

Duration

Due to \_\_\_\_\_  
Due to **178**  
**15**

Other conditions **Cyanotic Baby (Blue)**  
(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 **O. Bohrer** (M. D. or other) **D.O.**  
Address **Lebanon, Mo** Date signed **10/31**

3. (a) PRINT FULL NAME **EMMETT LEE BRACKETT**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**

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

7. Birth date of deceased **OCT 27 1941**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **LEBANON MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name **MELVIN LEE BRACKETT**

13. Birthplace **COMPETITION MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **CELEA FINDLEY**

15. Birthplace **COMPETITION MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Melvin L Brackett**

(b) Address **Lebanon Mo**

17. (a) **BURIAL** (b) Date thereof **10-31-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mc Bride Embury**

18. (a) Signature of funeral director **PALMER S**

(b) Address **LEBANON MO**

19. (a) **11-1-41** (b) **J R Mc Coube**  
(Date received local registrar) (Registrar's signature)

**404** (Licensed Embalmer's Statement on Reverse Side)

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

3  
2

**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.)**

**I If this body is not embalmed, fact should be so stated above.**