

Registration District No. 288

Primary Registration District No. 5406

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Ardephauden Rural
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Five years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett Rural R-2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Harrison Brackett

(b) If veteran, name war _____ (c) Social Security No. 489-18-9498

4. Sex Male 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: Don't know
(Month) (Day) (Year)

8. AGE: Years About 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farm Labor

11. Industry or business _____

12. Name W.H. Brackett

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Lara Bennett
(b) Address None

17. (a) Burial (b) Date thereof 6-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ngundy Cem Co

18. (a) Signature of funeral director Lutz and Co

(b) Address Kennett, Mo

19. (a) 6-8-42 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 4 year 1942 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 1 to June 6 1942 and that death occurred on the June 6 date and hour stated above.

Immediate cause of death: Carcinoma of stomach
West. Color 1 year

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

Major findings: _____
Of operations: 46
Of autopsy: _____

Duration
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 George J. Lutz (M. D. or other)
Address Kennett Mo Date signed 6-8-42

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

5000

8

RECEIVED

District Health Office

District File Number 742-844

Date Filed JUL 13 1942

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.