

FILED MAR 13 1945

Registration District No. 42

Primary Registration District No. 5125

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Braseley North 1101 1/2 Ave  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
(c) City or town Braseley (If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Dettie Rackley

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife J. W. Rackley 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased (Month) 31 (Day) 15 (Year) 1865

8. AGE: Years 79 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Jasper Jones

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

14. Maiden name Anderson

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant J. W. Rackley

(b) Address Braseley, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Home Hill

18. (a) Signature of funeral director W. D. Russell

(b) Address Piggott, Ark.

19. (a) 2-6-45 (Date received local registrar) (b) Della Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30 year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 15 1944 to Jan. 29 1945;

that I last saw h. e. r. alive on Jan. 29 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular Failure Duration

Due to Chronic Myocarditis

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 93d 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 W. D. Russell M. D. or other \_\_\_\_\_ Address Ark. Mo. Date signed 2/1/45

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

200

RECEIVED

District Health Office No. 2

District File Number 345-31

Date Filed 3/8/53

MAY 29 1958

B. S. Steinghild  
Fish Ho.

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.