

Registration District No. 370

Primary Registration District No. 6255

1. PLACE OF DEATH:  
(a) County Wayne  
(b) City or town Rural, Cowan Twp.  
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wayne ///  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary E. Bratcher  
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 Married  
6. (b) Name of husband or wife Carl Bratcher  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 5 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
-51 -53- 7 -6 6  
hr. \_\_\_\_\_ min.

9. Birthplace Hamilton County Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business House Work,  
name Clifton York,

12. Birthplace Hamilton County Ill.  
(City, town, or county) (State or foreign country)  
13. Maiden name Nancy York,  
14. Birthplace Ky.  
(City, town, or county) (State or foreign country)

15. Informant Carl Bratcher  
Address Grassy Missouri,

17. (a) Burial (b) Date thereof 11 13 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wesley Chapel  
Watkins Service

18. (a) Signature of funeral director Puxico Missouri,  
(b) Address \_\_\_\_\_

19. (a) Nov. 19. 46 (b) Mabel Beasley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV day 11  
year 1946 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Dec 12 1945 to Nov. 11 1946  
that I last saw her alive on Oct 10 - 46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Valvular Heart  
Mitral 2 years

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

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

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

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 John F. Wagner (M. D. or other) M.D.  
Address Greenville, Mo Date signed 11-12-46

MOTHER-BRATCHER  
COWAN  
WAYNE

**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 *Lynnae Steele*

Licensed Embalmer No. *2476*

P. O. Address *Weston MA*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

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

Amendments containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo }  
County of Wayne } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 23rd day of Nov, 1946, before me appears Carl Bratcher, who, upon his oath, states that the original record of ~~birth~~ death for Mary E. Bratcher died Nov 11th, 1946, in the State of Missouri, and which was filed at Greenville on 19 Nov, 1946, should be corrected as follows:

Item No. 7 should read April 5 - 1895

Instead of April 5th 1893

Item No. 8 should read 51 years 7 months & 6 days

Instead of 53 years 06 months - 6 days

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Carl Bratcher Relationship Husband

Grassy Mo Present Address.

Subscribed and sworn to before me this 23 day of Nov, 1946

My Commission expires Nov 29 1947 Will Bennett Notary Public.

39448