

U. S. No. 2  
DOM-2-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8850**

**FILED APR 8 1947**  
Registration District No. 141

Primary Registration District No. 5550

Registrar's No. 14

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

1. PLACE OF DEATH: Howell  
 (a) County Howell  
 (b) City or town Rural Twp.  
 (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 2 days  
 years, months or days)

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

3. (a) PRINT FULL NAME Charles Rondell Bratcher  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 16  
 year 1947 hour 10 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from March 14, 1947, to March 16, 1947;  
 that I last saw him alive on March 14, 1947,  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
 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: March 13 1947  
 (Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia  
 Duration 1 day

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Apnea monotonous  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

9. Birthplace Caulfield Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Infant

Major findings: Of operations 107  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Charles Bratcher  
 13. Birthplace Tecumseh Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bonell Ford  
 15. Birthplace Dora, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Bratcher  
 (b) Address Caulfield, Mo.  
 17. (a) Burial (b) Date thereof 3-17-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Caulfield, Mo.  
 18. (a) Signature of funeral director Clint Kingbeard Funeral Home  
 (b) Address Gainesville, Mo.  
 19. (a) Mar 27 - 47 (b) Beatrice Cook  
 (Date received local registrar) (Registrar's signature)

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 Orlando (M.-D. or other)  
 Address Caulfield, Mo. Date signed 3-21-47

Clint Kingbeard Funeral Home (Printed Embalmer's Statement on Reverse Side)

This body was not embalmed,  
W B Hutchison

RECEIVED

District Health Officer No. 51

District File Number

44-1186  
4-4-47

Date Filed

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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.