

Registration District No. 10 Primary Registration District No. 3002

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baker Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
In this community
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Benton City, Mo.
(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 Edna M. Tratchel
FULL NAME
3. (b) If veteran, name war
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18
year 1948 hour minute 9:30 P. M.
21. I hereby certify that I attended the deceased from 1-18-48
to 1-18-48, 1948, to , 1948.
that I last saw her alive on 1-18-
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Andrew Tratchel
6. (c) Age of husband or wife if alive 22 years 1868
7. Birth date of deceased June 22 1868
(Month) (Day) (Year)

Immediate cause of death
Duration

8. AGE: Years 79 Months 6 Days 27
If less than one day hr. min.

Due to Apoplexy
Due to Hypertension
Due to Atherosclerosis
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Audrain County Missouri
(City, town or county) (State or foreign country)

Major findings:
Of operations
Of autopsy

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name A.J., Douglass
13. Birthplace Virginia
(City, town or county) (State or foreign country)

14. Maiden name Mary Collins
15. Birthplace Audrain County Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. P.A. Hicks
(b) Address Mexico, Mo.

17. (a) (b) Date thereof Jan. 19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Earl E. Precht
(b) Address Mexico, Mo.

19. (a) 1/19/48 (b) Branche Neely
(Date received local registrar) (Registrar's signature)

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?

23. Signature Frank J. Kelly (M. D. or other) MD
Address Mexico, Mo. Date signed 1/19/48

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

RECEIVED
Office No. 10
1-48-132
JAN 27 1948
Date Filed

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.....

Clarence C. Robinson

Registered Apprentice No. *56*

working under my personal supervision.

Signed *Earl E. Pugh*

Licensed Embalmer No. *3189*

P. O. Address *Missus Mrs*

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.