

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1945
393

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 11 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, Mo		d. STREET ADDRESS (If rural, give location) 1742 WINCHESTER
d. FULL NAME OF HOSPITAL OR INSTITUTION 1742 WINCHESTER					
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES MABEL b. (Middle) BRATTON c. (Last) BRATTON			4. DATE OF DEATH (Month) (Day) (Year) JAN. 26-1950		
5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 17, 1886		9. AGE (In years) (Month) (Day) (Hour) (Min.) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISSOURI, O
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ED CAMPBELL		13b. MOTHER'S MAIDEN NAME ELLA WHITSITT		14. NAME OF HUSBAND OR WIFE FRANK L. BRATTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRANK L. BRATTON ADDRESS K.C., Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatous			DUPLICATE (b) (probably secondary to carcinoma of the ovary)			DUPLICATE (c) 175X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			DUPLICATE about 1 year

19a. DATE OF OPERATION Dec 1, 1949		19b. MAJOR FINDINGS OF OPERATION Findings as above - confirmed by biopsy -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from **Nov 20, 1949**, to **Jan 26, 1950**, that I last saw the deceased alive on **1-25, 1950**, and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard A. Twyman (Degree or title) M.D.		23b. ADDRESS 1103 Grand Ave Kansas City Mo		23c. DATE SIGNED 1-26-50	
24a. BURIAL, CREMATION, OR REMOVAL OF BODY BURIAL		24b. DATE Jan-28-50		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MO		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Zarater ADDRESS K.C. Mo			
DATE REC'D BY LOCAL REG. 1-27-50		REGISTRAR'S SIGNATURE Thereldine Holmes			

(Licensed Embalmers' Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision:

Student
Student Embalmer

Signed

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *K.C. Mo.*

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.