

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-019303**

**FILED VS MAY 24 1960**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2619 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>42<sup>11</sup> YEARS</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp #</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1021 Forest</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Pauline</u> Middle <u>N.</u> Last <u>Bratcher</u>			4. DATE OF DEATH Month <u>5</u> Day <u>10</u> Year <u>60</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/7/1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kentucky U.S.A.</u>		

13a. FATHER'S NAME <u>Will Davenport</u> (D)		13b. MOTHER'S MAIDEN NAME <u>Matilda Lucas</u> (D)		14. NAME OF HUSBAND OR WIFE <u>ROBERT BRATCHER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MRS. R.B. HOLMAN</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old fractured left Hip</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>"Fell at Home" 4-8-60</u>	
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>4-8-60</u> a.m. <u>  </u> p.m. <u>  </u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>	COUNTY <u>  </u>	STATE <u>  </u>
21. I attended the deceased from <u>5/10/60</u> to <u>5-10-60</u> and last saw her alive on <u>5-10-60</u> Death occurred at <u>10:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>H.L. Dwyer</u> (Degree or title)		22b. ADDRESS <u>MD. 2400 Cherry - K.C. Mo</u>		22c. DATE SIGNED <u>5/11/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/12/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	

24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS 1331 BRUSH CREEK BLVD.</u>		25. DATE RECD. BY LOCAL REG. <u>5-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Thera Minshall</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
H. L. DWYER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed Cherita K Bacon

Licensed Embalmer No. 4931

P. O. Address KEW

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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