

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3716E
State File No. _____

FILED NOV 19 1943
Registration District No. 4949

Primary Registration District No. 1002

Registrar's No. 4642

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-21-43-11-1-43
(Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City P
(If outside city or town limits, write "RURAL")
(d) Street No. 2509 Bales
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Newton Brackett

MEDICAL CERTIFICATION

3. (b) If veteran, name war Spanish No American 3. (c) Social Security No. 702-14-9764

20. DATE OF DEATH: Month November day 1st,
year 1943 hour 9/45 minute _____ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Myrtle Gertrude Brackett 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 6 - 19 - 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct-21-
1943 to Nov-1, 1943
that I last saw him alive on Nov-1, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>12</u>	hr. _____ min.

Immediate cause of death:
Bronchopneumonia 3 days
Pneumonia Gt-Malignant?

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Due to _____
Due to 128

10. Usual occupation Machinist Helper

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Missouri Pacific Railroad

Major findings: Large thick walled
eyes - apparently arising from
mass of pneumonia
Of autopsy _____

MOTHER FATHER {
12. Name Brackett
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Myrtle Gertrude Brackett

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 _____

(b) Address 2509 Bales

17. (a) Removal (b) Date thereof 11-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 11-2-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature H. E. Brown (M. D. number) _____
Address 1002 Ogden Party Date signed 11-2-43

Dr. J. E. Castles
CARGILES BLDG.

Ha. 5037

2 - 5 pm

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ^{SS.}

State File No. _____
Local Registrar's No. 4642

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of November, 1943, before me appears.....
Mrs Myrtle G. Brackett upon her oath, states that the original record of ~~birth~~ death
for David M. Brackett died November 1, 1943 in the State of
Missouri, and which was filed at Kansas City, Mo. on Nov. 2, 1943 should be corrected as follows:

Item No. _____ should read.....

Instead of.....

Item No. 3 (B) should read Spanish American War
no

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.....

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 Myrtle G. Brackett wife Relationship.
2509 Bales Ave
Present Address.

Subscribed and sworn to before me this 29th day of November, 1943

My Commission expires Oct. 20, 1947. Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted.

STATE OF CALIFORNIA, COUNTY OF ...

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