

NOV 19 1940

Registration District No. 1 Primary Registration District No. 20174

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

1. PLACE OF DEATH: Benton  
 (a) County Benton  
 (b) City or town Cole Camp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME John G Brauer  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, married, divorced Married

6. (b) Name of husband or wife Mrs Gasena Brauer 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 6th 1871  
 (Month) (Day) (Year)

8. AGE: 69 Years 6 Months 12 Days If less than one day  
 hr. min.

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

10. Usual occupation Farmer

11. Industry or business 1

12. Name Henry Brauer

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Jagels

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Brauer

(b) Address Cole Camp Missouri

17. (a) Burial (b) Date thereof 10-21-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
St Paul Lutheran

(c) Place: burial or cremation St Paul Lutheran

18. (a) Signature of funeral director E L Eickhoff

(b) Address Cole Camp Missouri

19. (a) 10-21-40 (b) Sue Selover  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Benton  
 (c) City or town Cole Camp  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th  
 year 1940 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct-18th  
1940, to Oct-18th, 1940  
 that I last saw him alive on Oct-18th, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
which caused the fall. 5 hrs  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence Oct 18 1940  
 (c) Where did injury occur Cole Camp Benton Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? yes (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. D. Bennett (M. D. or other) M.D.  
 Address Cole Camp Mo. Date signed 10-21-40

Duration  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1545

Date Filed 11-4-46

**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 E. L. Eickhoff.....

Licensed Embalmer No. 730.....

P. O. Address Cole Camp Missouri.....

**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.**