

Registration District No. **213** Primary Registration District No. **5293** Registrar's No. **313**

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Rural, Jefferson Twp**
(c) Name of hospital or institution: **none**
(d) Length of stay: In hospital or institution: **Route 1**
In this community **2** years, months or days

3. (a) PRINT FULL NAME **CHARLEY BRAUNER**
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Julia A. Brauner** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Oct 25 1867**
(Month) (Day) (Year)

8. AGE: Years **67** Months **1** Days **25** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Do not know a**
13. Birthplace **" " "** (City, town, or county) (State or foreign country)
14. Maiden name **Do not know a**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Julia A. Brauner**

(b) Address **Jefferson City, Mo.**

17. (a) **Burial** (b) Date thereof **Oct 2, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Reverend Grady**

18. (a) Signature of funeral director **James Secord**

(b) Address **700 Jefferson**

19. (a) **12-2-40** (b) **D. B. Spahr**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cole**
(c) City or town **Rural, Jefferson City**
(d) Street No. **Route #1**
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29th** year **1940** hour **Do not know** M.

21. I hereby certify that I attended the deceased from **Coroner Case** to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Died by a Bull**
Due to _____

Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

Duration _____
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) **Accident**

(b) Date of occurrence **Nov 29, 1940**

(c) Where did injury occur? **at Cole Twp** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On farm near home**
While at work? **Yes** (Specify type of place) (e) Means of injury **Died by Bull**

23. Signature **Frank J. Nichols** (M. D. or other) **F**
Address **McKean, Mo.** Date signed **11-30-40**

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

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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

L. H. Anderson

Licensed Embalmer No.

3641

P. O. Address

Jefferson City

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38545
Registrar's No. 313

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 213

Primary Registration District No. 2293

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson T.W.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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.

3. (a) PRINT FULL NAME

Charley Brauner
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive

7. Birth date of deceased Oct 5 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 12/2/40 (b) D. Beasford M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 11 day 29 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

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) (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?

(Specify type of place) While at work? (c) Means of injury

23. Signature Frank M. Kola (M. D. or other) Address Frank M. Kola Date signed

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

SUPPLEMENTAL

1991