

Registration District No. 399 Primary Registration District No. 1002

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: Research Hoops
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community _____ years, months or days
8. (a) PRINT FULL NAME John Glenn Braun
3. (b) If veteran, name war no **3. (c) Social Security** No. 491-05-8009

4. Sex male **5. Color or race** W. **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Mr. Catherine Braun **6. (c) Age of husband or wife if alive** 37 years
7. Birth date of deceased. 6 (Month) 19 (Day) 1902 (Year)

8. AGE: Years 38 Months 5 Days 15 If less than one day 17 hr. _____ min.

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

10. Usual occupation. Sheet metal worker

11. Industry or business _____
MOTHER FATHER { **12. Name** Mr. Geo. Braun
 { **13. Birthplace** West Station Miss (City, town, or county) (State or foreign country)
 { **14. Maiden name** Annie Dozier
 { **15. Birthplace** Rayville Ohio (City, town or county) (State or foreign country)

16. (a) Informant Mother
(b) Address Moundville Mo

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada, Mo

18. (a) Signature of funeral director Steve McElwee
(b) Address K.C. Mo

19. (a) 12-4-40 (Date received local registrar) **(b)** M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL")
(d) Street No. 731 No. Adams (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4, year 1940 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Nov. 30, 1940, to Dec. 4, 1940;
that I last saw him alive on Dec. 3, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Status epilepticus Duration 5 days

Due to Etiology undetermined
Due to _____

Other conditions (Include pregnancy within 3 months of death) JS

PHYSICIAN
Major findings: None
Of operations _____
Of autopsy None
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) _____
(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 _____

23. Signature Frank R. Deane (M: D. or other) MD
Address 1630 Prof. Bldg. K.C. Mo Date signed 12-4-40

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Lloyd W. Wernick

Licensed Embalmer No. 3857

P. O. Address Quada, 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, above space should be left blank.

Handwritten:
1300
2 30