

S. No. 2
4-1-4-41
7-5-17-39
X26399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6004**
Registrar's No. **776**

FILED MAR 14 1941
Registration District No. **379**

Primary Registration District No. **1002**

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4218 Windsor**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **About 7 Months** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4218 Windsor** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Margaret Ann Braucher**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **22**
year **1941** hour **8** minute **PM** M.

4. Sex **Fe** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **William Braucher** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **March 31 1852**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Feb. 21 1941
that I last saw **her** alive on **Feb 21 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years **88** Months **10** Days **21** If less than one day
hr. min.

Immediate cause of death **Cerebral Hemorrhage**
Due to **arterio sclerosis**
Due to _____

9. Birthplace **England** (City, town, or county) (State or foreign country) **4**
10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **776**
Of autopsy _____

11. Industry or business
12. Name **Wm. M. Bragg**
13. Birthplace **England** (State or foreign country) **4**
14. Maiden name **Margaret Pace** (State or foreign country)
15. Birthplace **England** (City, town, or county) (State or foreign country) **4**

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

16. (a) Informant **Mrs. Emily J. Mullen**
(b) Address **4218 Windsor K.C. Mo**
17. (a) **Removal** (b) Date thereof **Feb. 23, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Place: burial or cremation **Humboldt, Kansas**
R.V. LINDSEY & SONS
18. (a) Signature of funeral director **3811 Broadway K.C. Mo.**
(b) Address **2/23/41**
19. (a) **2/23/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

(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?
3811 (Specify type of place) While at work (e) Means of injury **0**
23. Signature **R. H. ...** (M. D. or other) **2/23/41**
Address **3811 Broadway K.C. Mo.** Date signed

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

Roscoe Wheeler

Licensed Embalmer No.

3738

P. O. Address.....

R.C. 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, fact should be so stated above.