

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 29 1941
Registration District No. 632

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5834

State File No. 28987

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer Rural TWO
(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 years, months or days

3. (a) PRINT FULLNAME Johanna Brenner

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 11 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 5 4 hr. min.

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

10. Usual occupation Student

11. Industry or business

MOTHER FATHER
12. Name Fred Brenner
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lee
15. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Brenner
(b) Address Thayer, Mo.
17. (a) Burial (b) Date thereof 6/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) July 7, 1941 (b) Lola E. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer Rural
(d) Street No.
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from June 15 to June 15, 1941
that I last saw him alive on June 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Rupture of Spleen
Due to Accident when making of bay wagon full plowing field around upper part of abdomen
Other conditions
Major findings: Of operations
Of autopsy

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 June 15, 1941
(c) Where did injury occur? Oregon Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] MO (M. D. or other) [Signature]
Address Thayer, Mo. Date signed 7-7-41

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

005

RECEIVED

District Health Officer No. 5,

District File Number

8411859

Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.