

FILED DEC 10 1941

Registration District No.

Primary Registration District No. 6108

State File No.

Registrar's No.

1. PLACE OF DEATH

(a) County Stanol  
(b) City or town Galena, Mo.  
(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 1  
In this community about 6 yrs (Specify whether years, months or days)

3. (a) PRINT FULLNAME Madison Braun

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

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Loretta Braun 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased Feb. 19 1894 (Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Chicken picker

11. Industry or business  
12. Name John Foster Braun  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Rogers  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Krapil

(b) Address 4312 Adam St. Kansas City Kans.

17. (a) Burial (b) Date thereof Nov 3-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Isenbaur

18. (a) Signature of funeral director Elliott J. Cheatham

(b) Address Galena, Mo.

19. (a) Nov 2/41 (b) L. S. Humata (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stanol  
(c) City or town Galena, Mo. Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Route 2. (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1941 hour 11 minute 0 P.M.

21. I hereby certify that I attended the deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him first time at death and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hit by car

Due to Crushed Skull

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11/2

Of autopsy none

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. 1 1941

(c) Where did injury occur? Rural Stone, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway

While at work? no (Specify type of place) (e) Means of injury Hit by car

23. Signature Elliott J. Cheatham (M.D. or other)

Address Galena, Mo. Date signed Nov 3/41

RECEIVED

District Health Officer No. 6

District File Number 1241-1761

Date Filed DEC 3 1941

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

*Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address Helena, 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.