

FILED APR 14 1942

Registration District No. 169 Primary Registration District No. 4098 Registrar's No. _____

1. PLACE OF DEATH:

(a) County CHARITON

(b) City or town BRUNSWICK
(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 1
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ROBERT M. BRAKE,

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 SINGLE

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

7. Birth date of deceased JANUARY 12TH, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation DAY LABORER

11. Industry or business _____

12. Name WM. H. BRAKE

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

14. Maiden name RACHEL BULLARD

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

16. (a) Informant LEWIS BRAKE

(b) Address BRUNSWICK, MISSOURI.

17. (a) BURIAL (b) Date thereof 3--19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK, MO.

18. (a) Signature of funeral director L. M. ...

(b) Address BRUNSWICK, MO.

19. (a) 3-19-1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON

(c) City or town BRUNSWICK.
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month MARCH day 17TH.
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 1-
1942 to Mar 17- 1942
that I last saw him alive on March 15- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uraemia coma 2 days
(Nasemia)

Due Chronic parenchyma

Due toxa nephrylia 2 yrs

Other conditions: none
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations: none

Of autopsy: none

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 Harry E. Tatum (M. D. or other) _____
Address Brunswick Mo Date signed 3/17/42

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

221 / 0

021 / 0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-13-42

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. M. Weissel

Licensed Embalmer No. 823

P. O. Address Brunswick

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.