No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26967

Registration District No. 74 Primary Registration District No. 5297 Registrar's No. 30-36

25 00

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Converse. Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Clinton. 25
(c) City or town Converse, "Jackson. Twp.
(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.

3. (a) PRINT FULL NAME Birch Brawner.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Brawner
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Nov. (Month) 3 (Day) 1879 (Year)

8. AGE: Years 62 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Clinton, Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Grocery + Gen. Store.
12. Name Thomas M. Brawner
13. Birthplace Clinton, Co. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Susan B. Berry.
15. Birthplace Platte Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER'S PARTICULARS
Certified by Mrs. Wilson 9-29-42
16. (a) Informant Mrs. Agnes Brawner
(b) Address Converse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Converse Cemetery
18. (a) Signature of funeral director DeMoss Crunk.
(b) Address Lathrop, Mo.
19. (a) Aug 12-42 (Date received local registrar) (b) Mrs A C Hartley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1942 hour 7 A.M. minute M.

21. I hereby certify that I attended the deceased from None, 19..; that I last saw h. alive on None, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration Immediate
Due to Coronary Artery disease 4 yrs
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations None
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. R. Baldwin (Coroner)
Address Platte City Mo. Date filed Aug. 12-42

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 26 1949

OCT 27 1949

SEP 23 1949

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~~ Demoss CRUNK, Registered Apprentice No. ..... working under my personal supervision.

Signed Dee Moss Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.

State of Mo
County of Clinton } ss.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 26967
Local Registrar's No. 30-35

On this 28th day of October, 1942, before me appears Agnes C. Brawner, who, upon her oath, states that the original record of ~~birth~~ death for Birch Brawner, ~~born~~ died Aug 12, 1942 in the State of Missouri, and which was filed at Jefferson City, Mo. on ~~9-24-42~~ 9-11-42, should be corrected as follows:

Item No. 6 B should read Agnes C. Brawner
Instead of Gladys Brawner

Item No. 15 a. should read Agnes C. Brawner
Instead of Gladys Brawner

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Agnes C. Brawner wife
Relationship.

Converse, Missouri
Present Address.

Subscribed and sworn to before me this 28th day of October, 1942

My Commission expires June 8, 1946 Mildred Grady Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
BM-1-15-42
I X31340

OCT 29 19[illegible]

S-26967