S. No. 2
M—9-4-41
5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 1956

FILED FEB 1 1943

Registration District No. 99 Primary Registration District No. 3012 Registrar's No. 199

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours, 10 minutes (Specify whether years, months or days)
In this community as above.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Concordia
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 Gordon Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BRACKMANN, Arthur D.
3. (b) If veteran, name war World
3. (c) Social Security No. None.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura S. Brackmann
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased February 24, 1889 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 53 | 10 | 9 | hr. min. |

9. Birthplace Alma (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Advertising salesman.
FATHER 12. Name Ernest Brackmann
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Sabina Frerking
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address
17. (a) X Removal (Burial, cremation, or removal) (b) Date thereof 1/2/43 (Month) (Day) (Year)
(c) Place burial or cremation Concordia, Missouri.
18. (a) Signature of funeral director JAMES FUNERAL HOME,
(b) Address Concordia, Missouri
19. (a) 1-2-1943 (Date received local registrar) (b) Miranda Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2d year 1943 hour 1:40 minute P. M.
21. I hereby certify that I attended the deceased from January 2, 1943, to January 2, 1943 that I last saw him alive on January 2, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia | unknown |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy No autopsy.

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? --
While at work? -- (Specify type of place) (e) Means of injury --
23. Signature FORREST G. BELL, (M. D. or other) M.D.
Address Veterans Administration, Excelsior Springs, Mo. Date signed 1/2/43

(Licensed Embalmer's Statement on Reverse Side)

1166

RECEIVED
FEB 5 1943

District Health Officer No. 8,

District File Number

Date Filed 2-3-43

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**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 C. S. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia 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.**