

FILED FEB 13 1943

Registration District No. 257

Primary Registration District No. 5883

Registrar's No.

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

76
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1. PLACE OF DEATH:

(a) County..... Osage

(b) City or town..... R. F. D. 3000 N. 11 Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(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..... 180 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Victor Brullesauer

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..... Widowed

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

7. Birth date of deceased..... 7/30/56
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	5	17hr.....min.

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

10. Usual occupation..... Farmer

11. Industry or business.....

12. Name..... Joseph Brullesauer

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

14. Maiden name..... Mary Anna Stuckley

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

16. (a) Informant..... Mrs. Antone Troesser

(b) Address..... Bonnets Mill, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Frankenstien, Mo.

18. (a) Signature of funeral director..... Morton Funeral Home

(b) Address..... Linn, Mo.

19. (a) Jan 15 43 (b) Louise M. Lock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... Osage

(c) City or town..... Rural
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 1 day..... 13
year..... 43 hour..... 10 minute..... P.M.

21. I hereby certify that I attended the deceased from.....
1-11-1943 to....., 19.....
that I last saw him alive on..... 1-11-1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypostatic Pneumonia
Chronic Interstitial Nephritis
Diabetes

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... Raymond W. Bellum (M.D. or other).....
Address..... Linn Date signed..... 1-14-43

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 Vernon Morton
Licensed Embalmer No. 4125
P. O. Address Linn

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.