

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 10 1943

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 24

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Sullivan  
(c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community All its life (Specify whether  
years, months or days)

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

3. (a) PRINT FULL NAME Lavena Berline Brake  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 22nd day July  
year 1943 hour 11 minute P.M.

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from July 11 1943 to July 11 1943  
that I last saw her alive on July 11 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan. 4th. 1943  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
6 18 hr. min.

Immediate cause of death Acute Colitis  
Duration 1 WK.

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

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

10. Usual occupation.....  
11. Industry or business.....

Major findings: 1190  
Of operations.....  
Of autopsy.....

MOTHER { 12. Name Howard William Brake,  
13. Birthplace Sullivan, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Dunnike,  
15. Birthplace Stanton, Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Howard Brake,  
(b) Address Sullivan, Mo.  
17. (a) Burial (b) Date thereof 7-24, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sullivan, Mo.

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 place of injury) (Specify means of injury)

18. (a) Signature of funeral director J. Williams  
(b) Address Sullivan, Mo.  
19. (c) 7/23/43 (b) Arthur Githaus  
(Date received local registrar) (Registrar's signature)

23. Signature D. L. Burns (Name of other)  
Address Sullivan, Mo. Date signed 7/23/43

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

36  
4  
0

36  
4

1101

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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.....

*J. T. Williams*

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.**