

S. No. 2
1-5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32018**

FILED OCT 4-1943 78
Registration District No. _____

Primary Registration District No. **5666**

Registrar's No. **80**

1. PLACE OF DEATH:
(a) County **Lewis**
(b) City or town **Rural, Union 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 _____ (Specify whether)
In this community **69 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lewis**
(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? **Yes** (Yes or No)
If yes, name country **Germany**

3. (a) PRINT FULL NAME **Henry Brahler**
3. (b) If veteran, name war: **--** 3. (c) Social Security No. **--**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **8**
year **1943** hour **4** minute **P.** M.

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 **Mal 1st. 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 19 1940** to **Sept 8 1943**
that I last saw him alive on **Aug 20 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 **4** **7** _____ hr. _____ min.

Immediate cause of death **Chronic Myocarditis** Duration _____
Due to **Myocardial Infarction**
Due to _____

9. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) **93d**
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Michel Braler**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Tressa Mueller**
15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Ruby Bash**
(b) Address **Canton, Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **Sept. 10. 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Canton, Mo.**

(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 _____

18. (a) Signature of funeral director **J. M. Roberts**
(b) Address **La Grange, Mo.**
19. (a) **Sept. 11-43** (b) **P. W. Jennings, M.D.**
(Date received local registrar) (Registrar's signature)

23. Signature **P. W. Jennings, M.D.** (M. D. or other) _____
Address **La Grange Mo** Date signed **9/10/43**

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

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.....

A.A. Roberts.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1626**.....

P. O. Address..... **La Grange, Missouri.**

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.