

FILED FEB 10 1944

Registration District No. 25

Primary Registration District No. 5090

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Bates  
 (b) City or town Prarie City, Mo. PARADISE  
 (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)  
 In this community 72 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates  
 (c) City or town Prarie City, Mo.  
 (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 THEODORE CARL BRACHER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 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  
 7. Birth date of deceased June 31 1871  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Carl Bracher  
 13. Birthplace Hermany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hanna Branner  
 15. Birthplace Hermany  
 (City, town, or county) (State or foreign country)

16. (a) Informant C. M. Rapp  
 (b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 1 14 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARADISE CITY FUNERAL CAM.

18. (a) Signature of funeral director Oswald Catoff

(b) Address Prarie City, Mo.

19. (a) Jan. 15 1944 (b) Mrs. Edna Douglas  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11  
 year 1944 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1944  
 to Jan. 10, 1944  
 that I last saw him alive on Jan. 10, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardiosis Duration 2 yr.  
 Due to Bright's Disease 5 yr.

Due to 1318  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: none performed  
 Of operations \_\_\_\_\_  
 Of autopsy none performed

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Signature M. O. Bjerke (M. D. or other) \_\_\_\_\_  
 Address Rockville, Mo. Date signed 1/14/44

WRITE PLAINLY—USE UPPER CASES

1342

RECEIVED

District Health

1-44-70

2-5-44

**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 Oscar Eckhoff

Licensed Embalmer No. 3742

P. O. Address Cyprus St, Md

**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.**