S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7561

Registration District No. 173. Primary Registration District No. 4273 Registrar's No. 2

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town CONCORDIA MO
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 54

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town CONCORDIA MO 0
(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 X 0

3. (a) PRINT FULL NAME ELSIE MALINDA SOPHIE BRACKMAN

3. (b) If veteran, name war NO
3. (c) Social Security No. 491-20-4538

4. Sex FEMALE
5. Color or race WHITE 1
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife ELMER D. BRACKMAN
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased MAY (Month) 3 (Day) 1900 (Year)

8. AGE: Years 43 Months 8 Days 4 If less than one day hr. min.

9. Birthplace EMMA MISSOURI 0
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name HENRY P. ECKHOFF
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MAGDALENA TIEMAN
15. Birthplace EMMA MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant ELMER D. BRACKMAN
(b) Address CONCORDIA MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB (Month) 9 (Day) 1944 (Year)
(c) Place: burial or cremation LUTHERAN CEMETERY
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO
19. (a) Feb 7 1944 (Date received local registrar) (b) Mrs Walter Walkenhorst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 7
year 1944 hour 2 minute 40 AM.
21. I hereby certify that I attended the deceased from Jan 30 1944 to February 7, 1944
that I last saw her alive on Feb 6, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	~~10 yrs~~
Due to Hypertension	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Ferdinand Shryman (M. D. or other)
Address Concordia Mo. Date signed 2-7-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-6-44

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 Me, Registered Apprentice No. , working under my personal supervision.

Signed E. S. James

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.