V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 173

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5643

State File No. 18438 ~~13~~ ~~14~~

Registrar's No.

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town CONCORDIA MO RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community ALL HIS LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town 2 1/2 MI. EAST CONCORDIA MO
(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 0

3. (a) PRINT FULL NAME JULIUS H. F. BRACKMANN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HELENE BRACKMAN

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MARCH (Month) 24 (Day) 1879 (Year)

8. AGE: Years 65 | Months 2 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace CONCORDIA (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name LOUIS BRACKMANN
13. Birthplace CONCORDIA (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name SOPHIA RADE
15. Birthplace CONCORDIA (City, town, or county) MO (State or foreign country)

16. (a) Informant MRS J.H.F BRACKMANN
(b) Address CONCORDIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 31 (Day) 1944 (Year)
(c) Place: burial or cremation ST PAULS CEMETERY

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO

19. (a) May 29-1944 (Date received local registrar) (b) Mrs Walter Walkenhorst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27
year 1944 hour 10 minute 15 PM.

21. I hereby certify that I attended the deceased from May 10, 1943 to May 27, 1944, that I last saw him alive on May 18, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Rectum	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 d

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

23. Signature Ferdinand Shryman (M. D. or other)
Address Concordia, Mo. Date signed 5-29-44

1230

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 6-2-74
Filed

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.