

P. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X35871

**FILED SEP 22 1944**  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: WHITE HALL APARTMENTS-323 BRUSH CREEK  
(If not in hospital or institution, write street number or location)  
APT. # 303

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. WHITE HALL APTS-323 BRUSH CREEK  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. PETER H. BRAUCH

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 1 <sup>ST</sup>  
year 1944 hour 2 minute 50 P.M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ROSE BRAUCH

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased NOVEMBER-7-1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>9</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Coronary Arteriosclerosis

Due to \_\_\_\_\_

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

Other conditions 94a  
(Include pregnancy within 3 months of death)

Due to \_\_\_\_\_

10. Usual occupation ACCOUNTANT

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

11. Industry or business RETIRED-14 YEARS

Of autopsy Inspection & History

12. Name HENRY BRAUCH

13. Birthplace 5 FRANCE  
(City, town, or county) (State or foreign country)

14. Maiden name MARY UNKNOWN

15. Birthplace 5 FRANCE  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Brauch

(b) Address 323 Brush Creek

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof SEPT-2-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEM.

18. (a) Signature of funeral director D. N. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 9-2-44 (Date received local Registrar)

(b) P. E. Brown (Registrar's signature)

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 type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature D. E. Wessner (M. D. or other) 9/2/44

Address 28 Meloy Date signed \_\_\_\_\_

**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

*E. Oscar Tothley*

Licensed Embalmer No.

*1767*

P. O. Address

*1207mo*

**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.**