. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31452

State File No.

Registration District No. 274 Primary Registration District No. 59 31 Registrar's No. 400

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town RURAL LAKE CREEK TWP
(If outside city or town limits, write "RURAL" and name of 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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1/5 MILES N.W. OF STOVER
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA MATTIE BRAUER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRED BRAUER
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased FEB. 18 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 23 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER 12. Name JOSEPH TNSELMAN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name KATHRINA HOUSCHILD
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant FREDDIE BRAUER
(b) Address MORA, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAULS CEMETERY
18. (a) Signature of funeral director Rapp & Steinmeyer
(b) Address Stover mo
19. (a) 9-13-44 (Date received local registrar) (b) Mrs Anna Geyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 11th year 1944 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 8 44 to Sept 12 44 that I last saw h alive on Sept 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 (M. D.)
Address Date signed 9-13 44

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-6-44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover 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.