. No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 40843

FILED JAN 5 1945

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 197

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville (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
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Harrisonville (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

3. (a) PRINT FULL NAME Charles Braun
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. (Month) 7 (Day) 1855 (Year)

8. AGE: Years 89 Months 1 Days 17 If less than one day hr. — min.

9. Birthplace Reinsburg (City, town, or county) Germany (State or foreign country)
10. Usual occupation Farmer Physically Rtd. 6 yrs.
11. Industry or business
FATHER
12. Name Theodore Braun
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Park Brigham
(b) Address Harrisonville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cemetery
18. (a) Signature of funeral director Atkinson Bros.
(b) Address Harrisonville Mo.
19. (a) Dec. 31, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1944 hour 8 minute 20 a. M.

21. I hereby certify that I attended the deceased from Dec. 8, 1944, to Dec. 24, 1944 that I last saw him alive on Dec 24, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 10 hrs. |
| Due to Old Age | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 8 3a | |

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

23. Signature Dr C E Everett (M.D. or other) D.O.
Address Harrisonville, Mo Date signed 12/27/44

1041

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ Personally

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

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

**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.**