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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40871**

FILED JAN 18 1945

Registration District No. **2345**

Primary Registration District No. **5250**

Registrar's No. _____

1. PLACE OF DEATH: **CHARITON**

(a) County: **CHARITON**

(b) City or town: **BRUNSWICK**
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MISSOURI** (b) County: **CHARITON** **21**

(c) City or town: **BRUNSWICK, (RURAL)** **11**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME: **LEVI BRAKE**

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: **WIDOWER**

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **APRIL 13TH 1855**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER**, day **23RD**, year **1944**, hour **9**, minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, 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
	89	8	10	hr. _____ min. _____

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace: **QUINCY ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation: **FARMER**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name: **WILLIAM BRAKE** **KENTUCKY**

13. Birthplace: **RACHEL BULLARD** (State or foreign country)

14. Maiden name: **VIRGINIA**

15. Birthplace: _____ (City, town, or county) (State or foreign country)

16. (a) Informant: **FRANK BRAKE**

(b) Address: **BRUNSWICK, MISSOURI**

17. (a) **BURIAL** (b) Date thereof: **12-26-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **BURIAL BRUNSWICK MO.**

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 _____

18. (a) Signature of funeral director: *[Signature]*

(b) Address: **BRUNSWICK, MISSOURI**

19. (a) **12-26-1944** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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

L. M. ...

Licensed Embalmer No.

823

P. O. Address

Brunswick, 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.