

FILED JAN 8 1945

Registration District No. 226

Primary Registration District No. 4337

State File No. _____

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Madison
(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 lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Madison
(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

John William Brauhm
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 married
6. (b) Name of husband or wife Ann Dixie Brauhm 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Feb 21 1858 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name Richard F. Brauhm

13. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary Chelubany

15. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Mapey

(b) Address Madison Mo

17. (a) burial (b) Date thereof 11-18-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Hall

18. (a) Signature of funeral director W. A. Thompson

(b) Address Madison Mo

19. (a) 11/18/44 (b) Oliver Hedberg (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1944 hour 9 minute 40 a.m.
21. I hereby certify that I attended the deceased from Nov. 15-1944 to Nov-16- 1944
that I last saw him alive on Nov-15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral aneurysm
Due to cardiac failure
menial and arteriosclerosis
Due to _____

Duration N/A

Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: Of operations Of autopsy
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? /

While at work _____ (Specify type of place) Means of injury 2
23. Signature Wells G. Christman (Name of other) PO
Paris, Mo Date signed 11-17-44

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

RECEIVED
District Health Officer No. 10
District File Number 1-45-52
Date Filed JAN 5 1945

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

Mrs Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 62

Registration District No. 226

Primary Registration District No. 4337

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Madison
(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)

3. (a) PRINT FULL NAME John W. Branham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb Day 2 Year 1946 Hour _____ minute _____ M.
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.

Immediate cause of death General paresis due to chronic nephritis and cardiac failure
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____ Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 1316

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Yellow & Struthman (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-41661 1944