

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10738

Registration District No. 347

Primary Registration District No. 4508

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Salina Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 73 yrs (Specify whether years, months or days)
In this community about 73 yrs

3. (a) PRINT FULL NAME

George W Brenham

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m 5. Color or race W 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan 2 1871 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Ralph Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Samuel Brenham
13. Birthplace Ralph Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Kathleen Cornell
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. B. Dunklin

(b) Address Perce City Mo.

17. (a) Burial (b) Date thereof 2-16-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mans Hill

18. (c) Signature of funeral director Ernest J. Cheatham

(b) Address Salina, Mo.

19. (a) Feb 17-45 (b) Gladys Cheatham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104
(c) City or town Salina 6
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1945 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 10 1944, to Feb 14 1945;
that I last saw him alive on Feb 14 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days

Due to 07

Due to 07

Other conditions Nervous Condition 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN —

Of autopsy none 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? no (Specify type of place) (e) Means of injury —

23. Signature H. L. Kerr (M. D. or other)
Address Orange Mo. Date signed 2-17-45

RECEIVED
District Health Officer No. 6,
District File Number 345-259
Date Filed MAR 23 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.....

E. H. Cheatham

Licensed Embalmer No. 3878

P. O. Address

Salina, 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.