

FILED JUN 7 1945  
Registration District No. 22474

Primary Registration District No. 3052

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days) 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 109 South Gentry  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME August Bruehl

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: August 18 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	9	13	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Christian Bruehl

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

14. Maiden name Wilhemina Bahner

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

16. (a) Informant Mrs. Anna Bruehl  
(b) Address 109 S. Gentry, Sedalia, Missouri

17. (a) Burial (b) Date thereof June 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros.  
(b) Address Sedalia, Missouri

19. (a) 6-1-1945 (b) Mrs. Anna Bruehl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 - 1945  
year \_\_\_\_\_ hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from May 1, 1945  
to May 31, 1945  
that I last saw him alive on May 31, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions affected for appendicitis  
(Include pregnancy within 3 months of death) May 22 - 1945

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature J. Mitchell M.D. (M. D. or other)  
Address Sedalia Mo Date signed June 1, 1945

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

30  
6  
4

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

*6/10/45*

**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 \_\_\_\_\_

*H. P. M. Crary*

Licensed Embalmer No. \_\_\_\_\_

*315B*

P. O. Address \_\_\_\_\_

*Seadalia*

**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.**