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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20277

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Franklin Co., Mo.

(b) City or town Sullivan, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North Side, Sullivan, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan, Mo. 36
(If outside city or town limits, write "RURAL")

(d) Street No. 4
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Donald Ray Brake

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 4th. 1930
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
15	54	6	hr. min.

9. Birthplace Sullivan, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Elmer Ray Brake 0
13. Birthplace Sullivan, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Aden,
15. Birthplace Sullivan, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Ray Brake
(b) Address Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-45
(Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director G. T. Williams
(b) Address Sullivan, Mo.

19. (a) 6-12-45 (Date received local registrar) (b) Gilbert Gilbaug (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1945 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-26, 1945, to 6-10, 1945;
that I last saw him alive on 6-9, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Taxemia, post diphtheritic	10 days
Due to: Pharyngeal diphtheria	from 5/26/45
Due to	
Other conditions (Include pregnancy within 3 months of death): malnutrition	

Major findings:
Of operations none
Of autopsy none

10

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 0

23. Signature O. A. Proctor (M. D. or other)
Address Sullivan Mo Date signed 7/11/45

11 21

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 2-11-45

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 J. T. Williamson

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.