

FILED JUN 19 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 5971

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

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Saline (Rural) Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5 Miles South of Saline  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 60 yrs.  
years, months or days

3. (a) PRINT FULL NAME Pete Brakebill

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Belle Brakebill  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Aug. 18, 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 26  
If less than one day hr. min.

9. Birthplace Blount County Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Henry Brakebill

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

14. Maiden name Anna Davis

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

16. (a) Informant Mrs. Belle Brakebill

(b) Address Saline, Mo.

17. (a) Burial (b) Date thereof May 16, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Edward Blue  
(b) Address Saline, Mo.

19. (a) May 18, 1945 (b) Alvin Palen  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pack  
(c) City or town Saline (Rural)  
(If outside city or town limits, write "RURAL")  
Street No. 5 Miles South of Saline  
(If rural, give location)  
(d) Citizen of foreign country? NO (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1945 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from July 10, 1938 to Apr. 10, 1945  
and that I last saw him alive on Apr. 10, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Senility

Due to Stenoplegia

Other conditions elephantiasis  
(Include pregnancy within 3 months of death)  
Bed sores

Major findings: 15'3"1

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?  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Love Mead, Mo. Date signed 5/18/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,  
District File Number 5-45-587  
Date Filed 6-14-45

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 Willard B. Erwin  
Licensed Embalmer No. 3092  
P. O. Address Balmar, Md.

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.