S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26740

State File No.

FILED AUG 22 1945

Registration District No. 5

Primary Registration District No. 5071

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural- Nashville Township
(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 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Liberal RFD #1 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SAMUEL BRAKER

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 Sarah Banwart Braker

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

7. Birth date of deceased July (Month) 31 (Day) 1883 (Year)

8. AGE: Years 61 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Elgin, (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Josua Braker
13. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

MOTHER
14. Maiden name Sarah Banwart
15. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant Mrs. Sarah Braker
(b) Address Liberal, Missouri. RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Apostolic Christian Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) 7-5-45 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1945 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 11, 1945 to June 25, 1945; that I last saw him alive on June 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Mesentery thrombosis due to embolii from endocarditis

Due to which was preceded by lobar pneumonia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 99.1

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. H. Benoger (M. D. or other) M. D.
Address Pittsburg Kans Date signed 7/3/45

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 845-917
Date Filed AUG 20 1945

FEB 1 1946

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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.