DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945

41536

State File No.

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 16-94

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Cedar Hill (Mesenas) Mo

(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 82 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town Cedar Hill 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES BRACKMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W.

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

6. (b) Name of husband or wife Lulu Brackman

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 16 1863 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Gottlieb Brackman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Helena Carson
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Lulu Brackman

(b) Address Cedar Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Local Cemetery Cedar Hill Mo

18. (a) Signature of funeral director Donnell B. Dietrich

(b) Address Delta Mo

19. (a) 5 Dec 1945 (Date received local registrar) (b) J. A. Townsend (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30

year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jany 1st 1945 to Nov 30th 1945

that I last saw him alive on Nov 29th 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy — 930

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 J. B. Edwards (M. D. or other)

Address Cedar Hill Mo Date signed 12/2/45

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1951

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. Cornell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address. DeSoto 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.