

No. 2
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5-17-39
X 35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5213

FILED MAR 11 1946
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Registration District No. _____

Primary Registration District No. 2000

State File No. _____

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Deaver's Tourist Camp 3
1938 Cottage
(If not in hospital or institution, write name of place and location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Oklahoma 999

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

(d) Street No. 3328 Southwest 28th. Street 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARRIL MARVIN BRAUDRICK

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Sadie Braudrick

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

7. Birth date of deceased August 6, 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	29	6	15	hr. _____ min.

9. Birthplace Coddo, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Buyer

11. Industry or business _____

MOTHER { 12. Name John Braudrick

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

14. Maiden name Sadie Morris

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

16. (a) Informant Mrs. Sadie Braudrick

(b) Address Oklahoma City, Oklahoma

17. (a) Removal (b) Date thereof 2/23/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Oklahoma

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-23-46 (b) Dr. W. E. Handley
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21,
year 1946 hour 6: minute 30 P. M.

21. I hereby certify that I attended the deceased from no physician in attendance
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning by Carbon Monoxide

Due to _____

Due to _____

Other conditions 16 30:2
(Include pregnancy within 3 months of death)

Major findings: Typical appearance of CO Poisoning

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb. 21, 1946

(c) Where did injury occur Springfield Green Inn
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Tennis cabin 133

While at work? No (Specify type of place) (e) Means of injury Saw hatch

23. Signature Wm. C. Stone (M. D. or other) 3
Address Springfield, Mo Date signed 2-23-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MAR 19 1946

JUL 17 1946

MAR 21 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..... *Lewis E. Scharpf*.....

Licensed Embalmer No. *3802*

P. O. Address..... *Springfield, 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.