

FILED APR 23 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since Mar. 28 '47
(Specify whether years, months or days)
In this community 5 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL.")
(d) Street No. 504 E. 11th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry M. Brubaker

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 11 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Daniel R. Brubaker

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

14. Maiden name Fannie E. Gander

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

16. (a) Informant Herbert L. Brubaker

(b) Address Springfield, Ill.

17. (a) Burial (b) Date thereof 4-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lebanon, Mo.

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 4-3-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1947 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 28
1947 to April 1, 1947.

that I last saw him alive on March 31, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Apoplexy Duration 4 da

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

(c) 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? _____

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

23. Signature A. L. Walter (M. D. or other) MD

Address Sedalia Mo Date signed 4-2-47

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

80
6
4

MOTHER FATHER

251

RECEIVED

District Health Officer No. 8,

District File Number _____
Date Filed 4-22-41

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 John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Sedalia, 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.