

FILED MAR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9664

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 71

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:
120 W. Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 47 years
years, months or days)

3. (a) PRINT FULL NAME John S. Brenneeman

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Hertude 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased May 4 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Vice President of Bank

11. Industry or business _____

12. Name Daniel Brenneeman

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

14. Maiden name Susan

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

16. (a) Informant Mrs. J. S. Brenneeman

(b) Address 120 W. Bdwy Sedalia Mo.

17. (a) Burial (b) Date thereof 3-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M^c Laughlin Bros

(b) Address Sedalia Mo

19. (a) 3-8-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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. 120 W. Broadway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6
 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from NOVEMBER 1946 to MARCH 6 1948
 that I last saw him alive on MARCH 6 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic

Due to _____

Due to _____

Other conditions Prostatitis chronic
(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:

(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? _____ Means of injury 0

23. Signature Chas Gordon Stauffer (M. D. or other) MD

Address Sedalia Mo Date signed 3-8-48

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

MOTHER FATHER

Dr. Standish

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-19-48

L
D
D

MAR 25 1948

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 KPM Cary

Licensed Embalmer No. 3153

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.