

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

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23199

FILED JUL 25 1948

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 198

1. PLACE OF DEATH:

(a) County... Jackson  
(b) City or town... Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sanitarium & Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 3 days  
In this community... about last 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Lafayette  
Napoleon  
(c) City or town... Napoleon  
(If outside city or town limits, write "RURAL")  
(d) Street No... Rural Rt 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country... XX

3. (a) PRINT FULL NAME... Minnie Wilhelmina Braksick

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

4. Sex... female 5. Color or race... white 6. (a) Single, widowed, married, divorced... single

6. (b) Name of husband or wife... X 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... Sept. 25 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 8 If less than one day hr. min.

9. Birthplace... near Camden Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation... House-keeping work

11. Industry or business

12. Name... William Braksick

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

14. Maiden name... Johanna Jane Beckemeyer

15. Birthplace... Femme O'Sage Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant... Herman Braksick

(b) Address... Napoleon Missouri

17. (a) burial (b) Date thereof... July 6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Napoleon Mo

18. (a) Signature of funeral director... Union M. Report

(b) Address... Buckner Missouri Phone 45

19. (a) July 6 1948 (b) [Signature] (c) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 30 1948 to July 3 1948.  
that I last saw her alive on July 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Hemorrhage 4 days  
Duration

Due to... Malignant hypertension 2 yrs  
Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... No operation  
Of autopsy... No autopsy

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?

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

23. Signature... [Signature] (M. D. or other MD)  
Address... Independence, MO. Date signed... 7/5/48

**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.....

*Ralph O Jones*....., Registered Apprentice No. *61*  
working under my personal supervision.

Signed *Vernon M. Reppert*.....

Licensed Embalmer No. *4311*.....

P. O. Address *Buckner, 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.**