

S. No. 2
DM-8-43
v. 5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24069**

FILED AUG 14 1945
Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **143**

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours
(Specify whether)

In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry **42**

(c) City or town Rural **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) **0**

If yes, name country _____

3. (a) PRINT FULL NAME MINNIE A. BRAUN

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 married

6. (b) Name of husband or wife John Braun (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 9 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Henry co mo (City, town, or county) (State or foreign country) **0**

10. Usual occupation House wife

11. Industry or business _____

12. Name William F. Standke

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

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country) **9**

16. (a) Informant John Braun

(b) Address Clinton mo

17. (a) Englewood (b) Date thereof 7 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood cem

18. (a) Signature of funeral director Francis J. Peck

(b) Address Seneca mo

19. (a) July 23rd (b) Myrtle Provoker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22
year 1945 hour 10 minute 20 P.M.

21: I hereby certify that I attended the deceased from on
7-22, 1945, to 7-22, 1945

that I last saw her alive on 7-22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: _____

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

Major findings: nothing
Of operations _____

Of autopsy: none

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 _____

23. Signature Ed. P. Peeler (M. D. or other) **MD**

Address Clinton mo Date signed 7/23/45

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

12
1
2

AUG 20 1945

RECEIVED

District Health Officer No. 7,

District File Number 7-45-824

Date Filed 8-13-45

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, only
....., Registered Apprentice No.
working under my personal supervision.

Signed R. R. Kinney

Licensed Embalmer No. 3099

P. O. Address: Clinton 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.