

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26539
Registrar's No. 22

Registration District No. 684

Primary Registration District No. 4408

1. PLACE OF DEATH:

(a) County Public
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs (Specify whether
In this community 22 yrs years, months or days)

3. (a) PRINT FULL NAME Clara Brause

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 Widow

6. (b) Name of husband or wife Amelie Brause nee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 4 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business ✓

MOTHER FATHER { 12. Name August Rrenthal

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

14. Maiden name Bertha Hartman

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

16. (a) Informant's own signature Emilie E. Kelly

(b) Address _____

17. (a) Burial (b) Date thereof July 29-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem.

18. (a) Signature of funeral director W. B. G. Moore
(b) Address Bowling Green

19. (a) 7-29 (b) W. B. G. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Bowling Green Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 46 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27
year 1939 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 1936 to _____, 1939;
that I last saw he alive on July 27, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration Months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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) (e) Means of injury _____

23. Signature W. B. G. Moore (M. D. or other) _____
Address Bowling Green Date signed 7/29/39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939-1-1 X1931

RECEIVED

District Health Officer No. 10
District File Number 8-39-1384
Date Filed AUG 4 1939

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..... *W. E. Moore*.....

Licensed Embalmer No. 3466

P. O. Address Borhing Green

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, above space should be left blank.