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FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2531  
Do not use this space.

1. PLACE OF DEATH

(a) County Howard 2 Registration District No. 229  
(b) Township Chariton 0 Primary Registration District No. 4223 Registered No. ....  
(c) City Glasgow (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Ben Brucke  
Glasgow, Mo. Randolph St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Markcamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) May 1, 1934 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord Hill Warren County, Mo.

FATHER 13. NAME Bernard Brucke  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Germany

MOTHER 15. MAIDEN NAME Maria Braehning  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Louis Brucke Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo. DATE Jan 15 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hillert Triemuth Glasgow, Missouri

20. FILED Jan 15 1940 J. W. Gudness Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-12-1940 to 1-12-1940. I last saw him alive on 1-12-1940. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Crown Thrombus Date of onset  
9412

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) W. B. Hiltner, M. D. (Address) Glasgow, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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*Handwritten scribble*

RECEIVED  
District Health Officer No. 8  
District File Number *19/40*  
Date Filed

**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, .....

*Elw...* on *Jan 12, 1940*, or by .....

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

Signed *Elw...*

Licensed Embalmer No. *3978*

P. O. Address *Blairwood*

**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.**