

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

15291

Do not use this space.

1. PLACE OF DEATH

(a) County Rochester Registration District No. 449
 (b) Township Springhall Primary Registration District No. 5613
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) Elbert O. Brauning

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Rorinda's Brauning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 22

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rebannon Mo

FATHER 13. NAME Isaac N Brauning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. J.

MOTHER 15. MAIDEN NAME Sarah Sherrate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown

17. INFORMANT Isaac Brauning
 (ADDRESS) 226 N. Grand, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Rebannon Cemetery DATE Apr 19 1940

19. FUNERAL DIRECTOR E. N. Stewart
 (ADDRESS) Rebannon Mo

20. FILED 4. 8 1940 J. A. M. Lamb
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1940 to 4-7, 1940

I last saw him alive on 4-18, 1940. Death is said to have occurred on the date stated above, at 7:30 P. M.

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

Abscess of jaw & right
involving entire
anterior triangle of neck
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

If so, specify _____ (Signed) Paul J. Jenkins, M. D.

(Address) Rebannon, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 1 X12004

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.

RECEIVED
District Health Officer No. 7,
District File Number 5-40-811
State Filed 5-8-14a

STATEMENT BY LICENSED EMBALMER

I, E N Stewart, Licensed Embalmer No. 1886
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E N Stewart
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed E N Stewart
Licensed Embalmer No. 1886

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.)