

STANDARD CERTIFICATE OF DEATH

State File No. 28335

DEAD AUG 10 1940

Registration District No. 213

Primary Registration District No. 5293

Registrar's No. 209

1. PLACE OF DEATH:

(a) County. Cole **DEAD SEP 19 1940**

(b) City or town. R. R. 1 - Jefferson Ship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jefferson City, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48 Years
years, months or days)

3. (a) PRINT FULL NAME Filomena Brauner 65b

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased September 8, 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>11</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation At. Home

11. Industry or business _____

12. Name Frank Becker

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

14. Maiden name Unknown

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

16. (a) Informant John H. Brauner

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 8/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation At Peters Cemetery

18. (a) Signature of funeral director J. T. ...

(b) Address Jefferson City, Mo.

19. (a) 8/17/40 (b) ... M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. R R. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1940 hour 4:30 A. Minute _____ M.

21. I hereby certify that I attended the deceased from August 12
1940, to August 12, 1940
that I last saw her alive on August 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
(Primary) From history,
4 or 5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10/16

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 H. T. Leach (M. D. or other) 1
Address Elston, Mo. Date signed 8/12/40

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

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

John F. Heimbach

Licensed Embalmer No. 3655

P. O. Address. *Jefferson City*

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.