

S. No. 2  
DM-542  
v. 5-173  
2-1 X-207

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31618**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **715A**

**1. PLACE OF DEATH:**

(a) County Greene

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

(c) Name of hospital or institution: Spld. Baptist Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs  
(Specify whether years, months or days)

In this community 1 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lancaster

(c) City or town Mt. Vernon 065  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 0  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

**3. (a) PRINT FULL NAME** Floyd E. Brake

**3. (b) If veteran, name war** no **3. (c) Social Security No.** no

**4. Sex** Male **5. Color or race** white **6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Mary Brake **6. (c) Age of husband or wife if alive** 38 years

**7. Birth date of deceased** 10-3-1890  
(Month) (Day) (Year)

**8. AGE:** Years 52 Months 10 Days 26 If less than one day hr. min.

**9. Birthplace** Rogersville Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** farmer

**11. Industry or business** Unknown

**MOTHER FATHER** **12. Name** Unknown

**13. Birthplace** Unknown Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Unknown

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

**16. (a) Informant** Mrs. Mary Brake

**(b) Address** Mt. Vernon Mo.

**17. (a) Burial** Burials **(b) Date thereof** 8-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Summit Cem.

**18. (a) Signature of funeral director** Miller  
**(b) Address** Miller

**19. (a) 9-9-43** **(b) W. H. Handley**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 8 day 28  
year 1943 hour 4 minute 15 A.M.

**21. I hereby certify that I attended the deceased from** May 1 1943 to 8-28 1943  
that I last saw him alive on 8-27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death migratory phlebitis  
conspicuous to  
Due to no

Due to no

Other conditions 100 lb  
(Include pregnancy within 3 months of death)

Major findings: 100 lb  
Of operations no  
Of autopsy no

**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? no **(e) Means of injury** \_\_\_\_\_

**23. Signature** W. J. Bueng **(M. D. or other)** \_\_\_\_\_  
**Address** Miller **Date signed** 8-28-43

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

39  
2  
6

984

(Licensed Embalmer's Statement on Reverse Side)

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**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 L. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.**