No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36599

Registration District No. 110 Primary Registration District No. 1-421- Registrar's No. 31

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town RURAL - LYON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 mi. S. of DISSEN.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 7 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County FRANKLIN

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

(d) Street No. 2 mi. S. of DISSEN
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT FREDERICK BRAUTIGAM

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WH. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HANNA BRAUTIGAM 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased NOV. (Month) 11 - (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER 12. Name CARL BRAUTIGAM

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

MOTHER 14. Maiden name WILIMA HIETERT

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

16. (a) Informant MRS. ROBT. BRAUTIGAM

(b) Address NEW HAVEN, MO R#1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEMETERY

18. (a) Signature of funeral director Hugos & Blumer

(b) Address Sherwood Mo

19. (a) Nov 7-46 (Date received local registrar) (b) Jeffie C. Grassmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 6 year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 26, 1946 to Nov. 6, 1946, that I last saw him alive on Nov. 5, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	11/5/46 to 11/6/46
Due to: Arteriosclerosis and Hypertension	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertrophied Prostate	?

Major findings:
Of operations §3A
Of autopsy no autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. P. Eisenmann (M. D. or other) MD.

Address New Haven, Mo. Date signed 11/6/46.

9 3 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 11-18-46
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, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed August Oleemer

Licensed Embalmer No. 3160

P. O. Address Hermann 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.