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44318

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 26 1948

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Wagon
 (b) City or town Wagon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 hrs.
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Cherokee
 (c) City or town Salina
(If outside city or town limits, write "RURAL")
 (d) Street No. Rte. 2
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daisy Caroline Brasch
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 22
 year 1947 hour 11:00 minute 0 M.

4. Sex F 5. Color or race Cau. 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife August Brasch 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 15 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 21 Dec 47, to 22 Dec 47
 and that death occurred on the date and hour stated above.
 that I last saw her alive on 22 Dec 1947
 Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 56 Months _____ Days _____ If less than one day _____ hr. _____ min.

Duration 24 hrs
 Due to Hypertensive Cardiovascular disease 10 years
 Due to _____

9. Birthplace Pittsfield Ill. 1
(City, town, or county) (State or foreign country)

Other conditions Unknown
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations none
 Of autopsy none

11. Industry or business _____

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

12. Name Theo. W. Becholdt

13. Birthplace undk

14. Maiden name Anna May Van Meter

15. Birthplace undk

16. (a) Informant Raymond A Brasch
 (b) Address Pittsburg Kan.

17. (a) Removal (b) Date thereof 12-22-47
(Burial, cremation, or removal) (Monthly) (Day) (Year)
 (c) Place: burial or cremation Lowell Kan.

18. (a) Signature of funeral director Raymond A Brasch
 (b) Address _____

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 _____
 Signature Robert Powell (M. D. or other) MD
 Address Salina, Kansas Date signed 22 Dec 47

19. (a) 12-26-47 (b) Robert Powell
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

7
2
5

47-12-1093

JAN 26 1948

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.....

Wene Funeral Home

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

working under my personal supervision.

Signed.....

J. James Wene

Licensed Embalmer No. *2880*

P. O. Address *Bayton Spgs Kan*

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.