No. 300
10.48

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

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 108

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5091 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville Mo. (Rural)
c. LENGTH OF STAY (In this place): 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none / Rockville Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville (Rural)
d. STREET ADDRESS (If rural, give location): Rockville Twp

3. NAME OF DECEASED (Type or Print)
a. (First): Augusta
b. (Middle): Margarita
c. (Last): Bracher

4. DATE OF DEATH (Month) (Day) (Year): Jan 12 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 27-1868
9. AGE (Give last birthday): 80 years; IF UNDER 1 YEAR: Months 10, Days 15; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Watertown, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Godfreid Hintz
13b. MOTHER'S MAIDEN NAME: Louisa Hoffman
14. NAME OF HUSBAND OR WIFE: Joe Bracher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: J. L. Bracher — ADDRESS: Rockville, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dropsy — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic nephritis, — 6 yrs.
DUE TO (c) arteriosclerosis — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 1946
19b. MAJOR FINDINGS OF OPERATION: none Performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1943, *to* Jan. 11, 1949, *that I last saw the deceased alive on* Jan. 11, 1949, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. A. Bjerke, M.D. (Degree or title)
23b. ADDRESS: Rockville, Mo.
23c. DATE SIGNED: Jan 13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 15-49
24c. NAME OF CEMETERY OR CREMATORY: Prairie City Lutheran
24d. LOCATION (City, town, or county) (State): Prairie City, Mo.

DATE REC'D BY LOCAL REG.: Jan 15-1949
REGISTRAR'S SIGNATURE: Kendall F. Young
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar Cobbs — ADDRESS: Appleton City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 12-48-1
Date Filed 1-26-4

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 .....
....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.