

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 297

Primary Registration District No. 6021

Registrar's No. 85

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Braymer, (Grape Grove twm.)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 70yrs
(Specify whether years, months or days)

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

3. (a) PRINTED FULL NAME Effie June Mohn

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 22
 year 1947 hour 6 minute 30p. M.

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

4. Sex fe male 5. Color or race white 6. (a) Single, widowed, married, divorced single

21. I hereby certify that I attended the deceased from July 22, 1947 to July 24, 1947
 that I last saw him alive on July 24 and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral thrombosis
 Due to Chronic Nephritis

7. Birth date of deceased April 13, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 7 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation housework

11. Industry or business own home

12. Name John Mohn

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

14. Maiden name Louisa Redhair

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

16. (a) Informant Mr. Jake Mohn

(b) Address Braymer, Mo

17. (a) Burial (b) Date thereof 7-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Union Cem.

18. (a) Signature of funeral director (Bernard) Mead

(b) Address Braymer, Mo

19. (a) 7-23-47 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

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) None
 (b) Date of occurrence None
 (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? _____

23. Signature Cardinal W. Beckley (M.P. or other) 7-23-47
(Specify type of place) (Means of injury)
 Address Braymer, Mo Date signed _____

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-29-67

OCT 23 1967

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Samuel J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.