S. No. 300
0M—10-47
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I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 30 1948
Registration District No. 376

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6072

State File No. 37791
Registrar's No. 370

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Doe Run, Mo.
(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 (Specify whether years, months or days)
In this community 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Doe Run, Mo
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John McArthur Braun
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex M.
5. Color or race wh.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 6 (Day) 1868 (Year)

8. AGE: Years 79 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace St. Francois Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

MOTHER
12. Name McArthur Braun
13. Birthplace unk. (City, town, or county) unk (State or foreign country)

FATHER
14. Maiden name Sarah Zollman
15. Birthplace St. Francois Co., Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mamie Counts
(b) Address Doe Run, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Glenda Cem.
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo
19. (a) 11-23-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1948 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from — , 19..., to — , 19...; that I last saw him — alive on — , 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coroners Jury Verdict. Came to his death by his own hand	
Due to Shot gun wound in head	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N.C.	
Of autopsy	

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) Suicide
(b) Date of occurrence Nov. 21, 1948
(c) Where did injury occur? Doe Run, St. Francois, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Shot gun wound in head
23. Signature Bert J. Miller (M. D. or other) Coroner
Address Farmington, Mo Date signed 11/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1148-1423

Date Filed 11-29-48

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 Frank Dugal

Licensed Embalmer No. 4120

P. O. Address Lexington Miss

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.