

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11541

FILED MAR 23 1944

State File No.

Registration District No. 224

Primary Registration District No. 90465796

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town ruel 1100 E. 1st
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Ora Brandt

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

4. Sex female 5. Color or race white 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 Jan. 31 1887
(Month) (Day) (Year)

8. AGE: Years 87 Months 12 Days 12 If less than one day hr. min.

9. Birthplace Woster Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation millinery storekeeper

11. Industry or business

12. Name John Brandt
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Yarnell

(b) Address Elm St. Mo.

17. (a) burial (b) Date thereof 12-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California Mo.

19. (a) 3-12-44 (b) R. J. Keller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau 68
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 501 Oak St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 1944 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from 3
3:30 to 3:45 1944 to 3:45 1944
that I last saw him alive on 3:45 1944
and that death occurred on the date and hour stated above.

Immediate cause of death 93-d Chronic myocardial (non-traumatic) infarction

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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).....
(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) (c) Means of injury U

23. Signature J. P. Burdette (M. D. or other)
Address California Mo Date signed 2/12/44

(Licensed Embalmer's Statement on Reverse Side)

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

1312

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-21-44

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 A. E. Wilson
Licensed Embalmer No. 2351
P. O. Address California, 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.