

1939 APR 19 1030

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11336  
Do not use this space.

1. PLACE OF DEATH

(a) County Lefayette Registration District No. 460  
(b) Township Davis Primary Registration District No. 5629A  
(c) City Higginsville (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Johannah Babetta Brandau

(a) Residence, No. 56 years St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. W. Brandau  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1848  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
90 5 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Littsburg, Kenton  
(STATE OR COUNTRY) St. Gallen, Switzerland

FATHER 13. NAME Thomas Kuhn  
14. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Barbara ???  
16. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)

17. INFORMANT Mrs. L. D. Rehkopf  
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Higginsville DATE 3 21 39 19

19. FUNERAL DIRECTOR (NAME) Hoefler & Meinershagen  
(ADDRESS) Higginsville, Mo.

20. FILED April 2 1939 T. J. Webb  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939

I HEREBY CERTIFY, That I attended deceased from March 16th 1939 to March 19 1939  
I last saw her alive on March 19 1939. Death is said to have occurred on the date stated above, at 3:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 3-16-39

Other contributory causes of importance:  
Chronic Myocarditis  
Senility 108 Years

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Ernest D. Moore, M. D.  
(Address) Higginsville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4/4/39

**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 *W. M. Mershagen*  
Licensed Embalmer No. *1095*  
P. O. Address.....

**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, above space should be left blank.**