

FFS 17 1940

Registration District No. 308

Primary Registration District No. 3026

Registrar's No. 20

## 1. PLACE OF DEATH:

(a) County Livingston 2  
(b) City or town Chillicothe  
(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  
In this community Life years, months or days)

3. (a) PRINT FULL NAME Nancy M. Brant 133. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife William A. Brant 6. (c) Age of husband or wife if alive ✓ years7. Birth date of deceased Nov. 12, 1850  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
89 2 22 ✓ hr. ✓ min.9. Birthplace Grundy Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation At home 0

## 11. Industry or business \_\_\_\_\_

12. Name James Chrisman 113. Birthplace Kentucky  
(City, town, or county) (State or foreign country)14. Maiden name Catherine Ambern15. Birthplace Bolivar Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Joseph Brant(b) Address Bolivar Mo17. (a) Burial (b) Date thereof Feb. 6, '40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Edgewood Cem.18. (a) Signature of funeral director Jas D Gordon(b) Address Chillicothe, Mo.19. (a) 2-6-40 (b) H. H. H. M. D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. Webster (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day Feb. 4  
year 1940 hour 6 minute 03 AM.21. I hereby certify that I attended the deceased from Feb. 3  
1940 to Feb. 3, 1940  
that I last saw her alive on Feb. 3, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral infarction of left brain extending into left lung. Duration \_\_\_\_\_  
Signature \_\_\_\_\_

Due to \_\_\_\_\_

Due to 50Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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) (a) Means of injury \_\_\_\_\_

23. Signature Amey (M. D. or other) \_\_\_\_\_Address Chillicothe, Mo. Date signed 2-5-40

RECEIVED

District Health Officer No. 11,

District File Number.....240-182

Date Filed.....FEB 14 1948.....

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.....

*Donald F. Gordon*

....., Registered Apprentice No. *223*

working under my personal supervision.

Signed.....*James D. Gordon*.....

Licensed Embalmer No. *1870*

P. O. Address *Chillicothe, 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, above space should be left blank.