DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5562

Registration District No. FEB MAR 3991940

Primary Registration District No. 1002

Registrar's No. 787

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Willows Maternity Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days) In this community 29 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2929 Main. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Sally Brandt

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, ~~widowed, married, divorced~~ mother

6. (b) Name of husband or ~~xxx~~ mother Ethel Brandt

6. (c) Age of ~~husband~~ mother if alive 22 years

7. Birth date of deceased Jan. 23, 1940 (Month) (Day) (Year)

8. AGE: Years 26 days | Months | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Kansas City, Mo., Jackson County (City, town, or county) (State or foreign country)

10. Usual occupation Don't know

11. Industry or business Don't know

FATHER
12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ethel Brandt
15. Birthplace Minnesota (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maxine Merfeld R.N.

(b) Address 2929 Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C.Mo.

19. (a) 2-21-40 (Date received local registrar) (b) Mo M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day Feb. year 1940 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 23 1940, 19__, to Feb. 19, 1940; that I last saw her alive on Feb. 19, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death occurred on the date ad hour given above.

Immediate cause of death cardiac disorder

Due to premature baby

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Patent foramen Ovale

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature H L Dwyer MD (M. D. or other)

Address 315 Alameda Rd. Date signed 2/20/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39. 1 X19511

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.....

Licensed Embalmer No.....

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.