DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6739

Registration District No. 334

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Montserrat Twp. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roy Douglas Brant
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 married
6. (b) Name of husband or wife Evalena Koller Brant
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Aug. 14 1887 (Month) (Day) (Year)
8. AGE: Years 52 Months 6 Days 3 If less than one day hr. min.
9. Birthplace Lafayette Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Phillip Brant
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Evalena Brant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof 2-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Mo
18. (a) Signature of funeral director W. E. Wilcox 312
(b) Address 317 N Holden Warrensburg Mo
19. (a) 2-19-40 (Date received local registrar) (b) Dr. J. R. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1940 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from Feb-16, 1940, to Feb-17, 1940;
that I last saw him alive on Feb-16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage into left lung. Crushed left chest — Duration
Due to Railroad accident Feb-16-40
Due to
Other 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) Accident
(b) Date of occurrence Feb-16-40
(c) Where did injury occur? Clinton Henry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury
23. Signature James O. Smith (M. D. or other)
Address Clinton Mo Date signed 2-17-40

(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

207 m
3D

RECEIVED
DISTRICT Health Officer No. 1
District File Number 3-4-45
Date Filed 3-5-45

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 Grace B. Loughin

Licensed Embalmer No. 3053

P. O. Address Warrensburg 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.

No. 2B
2-21-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6739

Registration District No. 347 Primary Registration District No. 3012 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Gen Hosp. (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U.S.A.? years.

3. (a) PRINT FULL NAME Roy Douglas Brant
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Aug (Month) 14 (Day) 188? (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage into lung crushed left chest	left
Due to Railroad accident	Feb 16/1940
Due to train + auto accident	

Other 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). accident
(b) Date of occurrence February 16, 1940
(c) Where did injury occur? Clinton (City or town) Henry (County) Co. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? railroad crossing (Specify type of place)
While at work? (e) Means of injury
23. Signature James O. Smith (M.D. or other)
Address Clinton Mo. Date signed

S-6739