

MAY 15 1940

State File No. _____

Registration District No. 169

Primary Registration District No. 5235

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 Missouri (b) County Chariton
(c) City or town Brunswick "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME GUSTAVE F. BRANDT C 653
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 7th. 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	2	26	hr. _____ min.

9. Birthplace Brunswick, Missouri
(City, town, or county) (State or foreign country)
Farmer

10. Usual occupation _____

11. Industry or business _____

12. Name Herman Brandt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Cherrie Rae Korff
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Chas. F. Brandt

(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 4 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. W. Harwood
(b) Address Brunswick, Mo.

19. (a) Apr. 4, 1940 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd.
year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 6 -
1939 to Jan 26, 1940;
that I last saw him alive on Jan 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Myocarditis

Due to 20 absent teeth Extruded

Other conditions Sept. - 1939

(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)

(e) Means of injury _____

23. Signature H. E. Tatum (M. D. or other) D.D.

Address Brunswick, Mo. Date signed April 4, 1940

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

1492

RECEIVED
District Health Officer No. 8
District File Number
5-13-40
Date Filed

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

R. W. ...

Licensed Embalmer No.....

823

P. O. Address

Bress...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.