

No. 2
ED AUG 21 1940
X23159

Registration District No. 618 Primary Registration District No. 5820 State File No. _____
Registrar's No. 9

1. PLACE OF DEATH:
(a) County Nodaway, Missouri
(b) City or town Burlington Junction, R.F.D.
(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 _____ years, months or days
3. (a) PRINT FULL NAME SYLVIA ANN BRAND
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 22 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Hopkins, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER {
12. Name Wayne Brand 0
13. Birthplace Pike Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sylvia Voshell
15. Birthplace Dawson, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Brand
(b) Address Hopkins, Mo.

17. (a) Burial (b) Date thereof July 27 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo.

19. (a) Hopkins, Mo. (b) J. A. Swanson
(City or town) (State) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Burlington Junction, Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 3 minute 30 AM.
21. I hereby certify that I attended the deceased from July 25
_____ 1940 to July 26 1940
that I last saw him alive on July 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Brucella pneumonia

Due to Malnutrition

Due to _____
Other conditions NO 107
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?
549 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. A. Swanson (M. D. or other) 107
Address Burlington Junction, Mo. Date signed 8/10/40

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

RECEIVED

District Health Officer No. 11,

District File Number 840-1282

Onto Filed AUG 17 1940

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

myself

Registered Apprentice No.

working under my personal supervision.

Signed *Stanley Swanson*

Licensed Embalmer No. 3963

P. O. Address *Hepburn, M*

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, fact should be so stated above.