

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County: Gasper

(b) City or town: Gopier Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Greenman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 weeks
(Specify whether years, months or days)

In this community: 40 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME: Peter Henry Brand

8. (b) If veteran, name war: _____

8. (c) Social Security No.: _____

4. Sex: M

5. Color or race: W

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: Dec 28-1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>8</u>	<u>25</u>	hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Grain Flour Milling

12. Name: Henry Brand

13. Birthplace: Germany
(City, town, or county) (State or foreign country)

14. Maiden name: Minnie O. Warner

15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Archie Brand

(b) Address: Gasper Mo RR.

17. (a) Burial (b) Date thereof: Sept 24 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lamar Mo

18. (a) Signature of funeral director: Shambell Dillen

(b) Address: 4th wall Gasper

19. (a) 9-24-40 (b) W. S. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Gasper

(c) City or town: Gopier Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 570 Pearl St
(If rural, give location)

(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year: 1940 hour 3:30 minute am

21. I hereby certify that I attended the deceased from August 19 to Sept 22, 1940
that I last saw him alive on Sept 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary embolus

Due to: Prostate Prognosis Sept 14/40

Due to: Neuralgia Petio.

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: 131

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): NO

(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? _____

23. Signature: [Signature] (M. D. or other) _____
Address: [Address] Date signed: _____

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

9
7
5

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 Don Petruck

Licensed Embalmer No. 4008

P. O. Address Joplin

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.