

FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31532

Registration District No. 306

Primary Registration District No. 5424

Registrar's No. 67

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution:
OWENSVILLE ROUTE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 9 DAYS
years, months or days)

3. (a) PRINT FULL NAME JOHN JULIUS BRANDHORST

8. (b) If veteran, name war NO

8. (c) Social Security No. NO

4. Sex MALE Color or race WHITE

5. Color or race _____

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JUNE 17 1971
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 1 27 hr. _____ min.

9. Birthplace WOOLHAM MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name FRITZ BRANDHORST

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

14. Maiden name DOROTHA HENNEMAN

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

16. (a) Informant JOHN H. BRANDHORST

(b) Address OWENSVILLE ROUTE 1

17. (a) BURIAL (b) Date thereof 8-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLDBLAND CEM.

18. (a) Signature of funeral director W. F. Holtzentrater

(b) Address Owensville Mo.

19. (a) Aug 15 (b) John Engelbrecht
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. BLAND ROUTE
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14
year 1941 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from Aug 6th 41
Aug 14th 1941, to Aug 14th 1941;
that I last saw him alive on Aug 13th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy no

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 E. G. Rhodius (M. D. or other) _____
Address Bay Mo Date signed Aug 15 41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

17
0
0

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.