

DEC 15 1941 97  
Registration District No.

Primary Registration District No. 3016

Registrar's No. 103

1. PLACE OF DEATH: FRANKLIN

(a) County: FRANKLIN

(b) City or town: WASHINGTON Ill  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. FRANCIS HOSPITAL D  
(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: Franklin 36

(c) City or town: Rural - Washington D  
(If outside city or town limits, write "RURAL")

(d) Street No.: R. 1 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: SHIRLEY ANN BRANDT

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 D

6. (b) Name of husband or wife

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

7. Birth date of deceased: NOVEMBER 4 1941  
(Month) (Day) (Year)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 6 year: 1941 hour: 5 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Nov 5 1941, 19, to Nov 6 1941; that I last saw her alive on Nov 5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Inevitable - 7 months gestation

Duration

9. Birthplace: WASHINGTON MISSOURI D  
(City, town, or county) (State or foreign country)

10. Usual occupation: NONE

11. Industry or business: NONE

MOTHER FATHER { 12. Name: DANIEL WILLIAM BRANDT

13. Birthplace: ST LOUIS MISSOURI D  
(City, town, or county) (State or foreign country)

14. Maiden name: FLORENCE SULLENTRUP

15. Birthplace: WASHINGTON MISSOURI D  
(City, town, or county) (State or foreign country)

16. (a) Informant: Daniel Brandt  
(b) Address: Washington, R.R. 1

17. (a) Burial (b) Date thereof: Nov 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Mo.

18. (a) Signature of funeral director: Obo & Co, Shreve  
(b) Address: Washington Mo

19. (a) Nov 6-1941 (b) N.A. May  
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): 159

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: J. J. Jones M.D. (M. D. or other) Date signed: 11/16/41  
Address: Washington Mo

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**