

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1344

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 minutes
In this community years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Brandel

3. (b) If veteran, name war no. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Pete Brandel 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan 27 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Henry McHardy
13. Birthplace Washington
(City, town, or county) (State or foreign country)
14. Maiden name Wasserman
15. Birthplace Lebanon
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Brandel

(b) Address 4241 1/2 Indiana

17. (a) Burial (b) Date thereof 4 7 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director M. N. Crowe

(b) Address City

19. (a) 4-6-42 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1241 1/2 Indiana
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1942 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4-4-42, 19, to 4-4-42, 19;
that I last saw h. _____ alive on _____, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cerebral accident; acute pulmonary Edema

Due to _____
Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See above

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 As

23. Signature Drury R. Stone (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 4-6-42

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

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: *Emile M Calhoun*

Licensed Embalmer No. *2506*

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.