. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14586

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 152

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural (If outside city or town limits, write "RURAL") 6

(d) Street No. SW of Jasper, Mo. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louella Belle Brand

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William C. Brand

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

7. Birth date of deceased August 9, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	6	hr. min.

9. Birthplace Glasgow, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Stephen Winters
13. Birthplace Stretter, Ill. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Earp
15. Birthplace Stretter, Ill. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Archie Brand,

(b) Address Jasper, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 15, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Howard, Kansas

18. (a) Signature of funeral director Thornhill-Dillon Mort

(b) Address Joplin, Missouri

19. (a) 4-16-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1942 hour 12:01 minute A M.

21. I hereby certify that I attended the deceased from April 10, 1942 to April 15, 1942 that I last saw her alive on April 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	wk
Due to Hypertension	?
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy none	

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other) MD

Address Joplin, Mo Date signed 4-16-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.4-405

FEB 3 1953

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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, fact should be so stated above.