

Registration District No. **41902**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Joplin**  
(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 **4 days**  
In this community **1 month**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **723 Jackson**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14th**  
year **1942** hour **4:20** minute **a** M.  
21. I hereby certify that I attended the deceased from **4-8** to **4-13**, 19**42**;  
that I last saw him alive on **4-13**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **6 days**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **108**

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 **R M James** (M. D. or other) **0**  
Address **Joplin, Missouri** Date signed **4-14-42**

3. (a) PRINT FULL NAME **Herman M. Brandes**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **481-18-2341**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Helen Brandes** 6. (c) Age of husband or wife if alive **34** years  
7. Birth date of deceased **Sept. 9, 1896**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>45</b>	<b>7</b>	<b>5</b>	_____ hr. _____ min.

9. Birthplace **Burlington Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**  
11. Industry or business **Camp Crowder, Mo.**

MOTHER FATHER

12. Name **Phillip Brandes**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Huppert**  
15. Birthplace **Burlington Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen Brandes**  
(b) Address **Burlington, Iowa.**

17. (a) **Removal** (b) Date thereof **4-14-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Burlington, Iowa**

18. (a) Signature of funeral director **Parker-Hunsaker**  
(b) Address **Joplin, Missouri**  
19. (a) **4-14-42** (b) **Beatrice Judenhoelter**  
(Date received local registrar) (Registrar's signature)

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

79  
2  
5

18

1204

42-4-34

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: *F.M. Jones*.....

Licensed Embalmer No. *2319*.....

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.