

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **207**

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Moberly**
(c) Name of hospital or institution:
124 W. Reed /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **53 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **520 No. Ault St** **526 Barrow**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Willis J. Brandenburg**
(b) If veteran, name war **World War I** (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **1st**
year **1942** hour **8** minute **30** A.M.
21. I hereby certify that I attended the deceased from _____ 19____ to **none** 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) **Single**, widowed, married, divorced, **Single**
(b) Name of husband or wife **Lola Brandenburg** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 23rd 1889**
(Month) (Day) (Year)

Immediate cause of death
Natural - Undetermined
Sick, Coronary thrombosis
Coroners Case
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	53	7	8	hr. _____ min. _____

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

Major findings:
Of operations **94a**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Retired**
11. Industry or business _____
12. Name **John Brandenburg**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Louella Haley**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)
16. (a) Permanent address **Mrs. Wm Geisel Moberly Mo**
(b) Address _____
(c) Place: burial or cremation **Moberly, Mo**
(Burial, cremation, or removal) (b) Date thereof **Dec 3rd 1942**
(Month) (Day) (Year)
18. (a) Signature of funeral director **Mahaw and Son Moberly, Mo**
(b) Address _____
19. (a) **12-2-42** (b) **Irma Nave**
(Date received local registrar) (Registrar's signature)

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 **Coroner**
23. Signature **Ac. Buffington** (M. D. or other) **Coroner**
Address **Moberly** Date signed **12.2.42**

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

MOTHER FATHER

Can pay off 12-2-42 H.S. 12-2-42

DEC 11 1942

DEC 7 - 1942

STATE OF MISSOURI

Section 11000, R.S.Mo., No. 19

License No. 12-42-3043

Date filed DEC - 4 1942

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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 the body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Randolph ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 19th day of December, 1942, before me appears Nette Pearl Geisel, who, upon her oath, states that the original record of ^{birth} death

for Willis J. Brandenburg ^{died} December 1st, 1947 in the State of Missouri, and which was filed at Moberly, Mo ^{born} on Dec 3rd, 1942, should be corrected as follows:

Item No. 6 should read Divorced (FROM LOUELLA BRANDENBURG)

Instead of SINGLE

Item No. 14 should read LOUELLA HALEY

Instead of LOUELLA HALEY

UNDER USUAL PLACE OF RESIDENCE - SEE (D)
Item No. 2 should read 526 BARRON ST.

Instead of 320 N. ALLEN ST.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Nette Pearl Geisel ^(Sister)
(Instead of Mrs. Wm Geisel) Relationship.
320 N. Allen St Moberly, Mo
Present Address.

Subscribed and sworn to before me this 19th day of December, 1942

My Commission expires June 25-1943 E. J. [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

DEC 30 1942

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