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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN -7 1943  
Registration District No. 379

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42133  
Registrar's No. 76

Primary Registration District No. 6079

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

1. PLACE OF DEATH:  
(a) County STE. GENEVIEVE  
(b) City or town STE. GENEVIEVE Rural  
(c) Name of hospital or institution /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 48 hrs  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 95  
(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town STE. GENEVIEVE Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE W. HILLED BRAND  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC, day 7  
year 1942 hour 2 minute 1 M.  
21. I hereby certify that I attended the deceased from Nov 25  
1942 to DEC 7 1942  
that I last saw him alive on DEC 6 1942  
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 WIDOWED  
6. (b) Name of husband or wife HATTIE INGRAMM 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC 25 1868  
(Month) (Day) (Year)

Immediate cause of death  
Sporadic Myocarditis  
Duration 24.5

8. AGE: Years 73 Months 11 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 938  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace KANSASIA INDEPENDENCE CLAY MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation LABORER

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name SAMUEL HILLED BRAND  
13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY KAPETER HAMPTON  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Fannie Gannell  
(b) Address Scammonton Mo  
17. (a) BURIAL (b) Date thereof 12 8 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation STE. GENEVIEVE MO  
18. (a) Signature of funeral director Geo. C. Barger  
(b) Address Ste. Genevieve Mo  
19. (a) Dec 8-42 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

23. Signature Anthony Edward \_\_\_\_\_ (M. D. or other) M.D.  
Address Ste. Genevieve Mo Date signed 12-8-42

706 (Licensed Embalmer's Statement on Reverse Side)

1985 2 NVP

RECEIVED  
District Health Officer No. 44  
District File Number 143-15-75  
Date Filed 1-6-43

**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 Lea C. Baker  
Licensed Embalmer No. 1985  
P. O. Address St. Genevieve 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.**