

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13918

State File No. _____

Registration District No. 50

Primary Registration District No. 5176

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Richland
(b) City or town Richland
(c) Name of hospital or institution Rural 11, Camden Co.
(If not in hospital or institution, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JAMES A BYENDEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Sven Golen Brendel 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Oct 30 - 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation RAYMCE

11. Industry or business _____

12. Name Brendel 13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Leola Johnson (b) Address Richland Mo.

17. (a) Buried (b) Date thereof 11/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove

18. (a) Signature of funeral director R. A. Baker

(b) Address Richland Mo

19. (a) April 14 1943 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Camden
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Road 1
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1943 hour 3 minute 11 M.

21. I hereby certify that I attended the deceased from Nov. 8, 1940, to April 1, 1943
that I last saw him alive on March 31, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hours

Due to unknown

Due to over exertion 1 day

Other conditions (Include pregnancy within 3 months of death) § 3a

Major findings: Of operations _____

Of autopsy no

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 Ernest A. Oliver (M. D. or other) U
Address Richland Mo Date signed 4/1/43

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

RECEIVED

District Health Officer No. 7,

District File Number 4-43-441

Date Filed 5-13-43

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.....

Licensed Embalmer No.

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, above space should be left blank.