

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 19034

Primary Registration District No. 30.35

Registrar's No. 38

54  
82 60

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lafayette

(c) Name of hospital or institution: 24th South  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette

(c) City or town Livingston, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 24th South  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JAMES B BRANDON

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1943 hour 2 minute P. M.

4. Sex ma

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Brandon

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

7. Birth date of deceased June 30 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1943 to May 26 1943  
that I last saw him alive on May 26 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 10 26 hr. min.

Immediate cause of death Myocardial Infarction

Due to Cerebral Apoplexy  
Arterio Sclerosis

9. Birthplace Columbus Tex  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 30

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Not Known

13. Birthplace " " " "  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace " " " "  
(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?

16. (a) Informant Social Security office

(b) Address Livingston, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 28-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo

18. (a) Signature of funeral director Wankler

(b) Address Livingston, Mo

19. (a) June 2-43 (Date received local registrar)

(b) Mrs. H. Schwab (Registrar's signature)

While at work? Yes (Specify type of place)

(c) Means of injury.....

23. Signature Wankler (M. D. or other)

Address Livingston, Mo Date signed 5/26/43

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

IVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-5-43

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**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 Geo. A. McLean  
Licensed Embalmer No. 22983  
P. O. Address Washington, 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.**