

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 11 1943

Registration District No. 207

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5753

18356
State File No.

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural - Boone
(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. 11 (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME Eleanora Brandel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Joe Brandel 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased. 10 30 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 3 hr. min.

9. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Gib Helton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Joe Brandel
(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 5/5/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brinktown

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri

19. (a) 5-7-43 (b) Cerna Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Mar 10 1943 to April 21 1943
that I last saw her alive on April 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral insufficiency 3 mo
Due to Cardiac dilation and
arterial hypertension 5 yr
Due to chronic interstitial
nephritis 5 yr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 injury) (a) Means of injury

23. Signature Donley Bates (M. D. or other) D. O.
Address Brinktown, Mo. Date signed 5-4-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1044

JUN 1 1943

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.....

May 3rd - 1943
working under my personal supervision.

Registered Apprentice No.

Signed:

Fred H. Gilkerson

Licensed Embalmer No. 2341

P. O. Address... *Dixon, Missouri*

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.