

FILED JAN 12 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 1500

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution State Hosp. N.W. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years 6 months 29 days  
In this community 16 years 6 months 129 days  
Specify whether years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME BELL BRANDON

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

4. Sex Jew 5. Color white 6. (a) Single, widowed, married divorced, widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 4 18.50  
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 23 If less than one day 4 hr. 45 P. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown. 13. Birthplace Unknown. 14. Maiden name Unknown. 15. Birthplace Unknown.

16. (a) Informant J. E. Kohler (b) Address R.R. 2, Greeds Station, K. Mo.

17. (a) Burial (b) Date thereof Dec. 31, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo.

18. (a) Signature of funeral director Herman W. Sidyufadus (b) Address 1802 Union St. St. Joseph Mo.

19. (a) 12-31-43 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 th year 1943 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from December 26 th 1943 to December 27 th 1943 that I last saw him alive on December 27 th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 day

Due to Arterio Sclerosis

Other conditions (include pregnancy within 3 months of death) 93 8 1

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ 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) Means of injury \_\_\_\_\_ 23. Signature M. Schaffer (M. D. or other) Address State Hospital # 2 Date signed \_\_\_\_\_

**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.....

*Herman W. Siedufadew*

Licensed Embalmer No.....

*2728*

P. O. Address.....

*St Joseph 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.**