

FILED AUG 11 1944

Registration District No. 344

Primary Registration District No. 627B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural, Middlefork township
(c) Name of hospital or institution: Grant city
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 60 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Henry Clay Brandt

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jehanna Brandt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 15, 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Andrew Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Brandt
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Home Costner

(b) Address Grant city Mo.

17. (a) Burial (b) Date thereof 6-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant city cem

18. (a) Signature of funeral director A. C. Duffler

(b) Address Grant city, Mo.

19. (a) July 10 - 1944 (b) Ernest Scadden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19
year 44 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 6-5-
44 to 6-19-
44
that I last saw him alive on 6-18-
44 and that death occurred on the date and hour stated above.

Immediate cause of death Senescence (hypostatic) Duration 3 days

Due to 10911

Due to _____
Other conditions (strictly) severe cold 10 days
(Include pregnancy within 3 months of death)

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 [Signature] (M.D. or other)

Address Grant city Mo Date signed 6-20-44

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

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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.....

Arch C. Dunfee, Mgr

Licensed Embalmer No. *3252*

P. O. Address. *Grant City, 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.