

FILED SEP 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27483

Registration District No. 62

Primary Registration District No. 4108

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location) XXX
(d) Length of stay: In hospital or institution. XXX (Specify whether
In this community XXXXX years, months or days)

3. (a) PRINT FULL NAME Frank Lee Brandom

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mittie Brandom 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 14, 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 15 If less than one day XXXXX min.

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

10. Usual occupation Retired Janitor

11. Industry or business XXXX

12. Name B. F. Brandom

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

14. Maiden name Katherine Dunwvan

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Brandom

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 7-31-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) 9-1-44 (b) Mrs Ethel Church (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR
(c) City or town STOCKTON, MISSOURI (If outside city or town limits, write "RURAL")
(d) Street No. XXXXXX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1944 hour 6: minute 50 P M.

21. I hereby certify that I attended the deceased from 1-24-1942 to 7-26-1944

that I last saw him alive on 7-26-1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Aneurysm

Due to Arteriosclerosis with hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Wm B Richter (M. D. or other)

Address Stockton, Mo Date signed 8-12-44

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

RECEIVED
District Health Officer No. 7,
District File Number 8-44-1062
Date Filed 9-12-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept. 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton
(If outside city or town limits, write "RURAL" and name of township)
(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. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Frank L. Brandon

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 on

6. (b) Name of husband or wife

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

7. Birth date of deceased June 14
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 1
If less than one day, hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 19 Year 1944 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from June 14 1944 to July 19 1944

that I last saw him alive on July 19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Arterio Sclerosis
Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Wm B. Richter (M. D. or other) Stockton Date signed 9/16/44

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

SUPPLEMENTAL

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQ

Duration

yrs.
 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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