

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38915

Registration District No. 324

Primary Registration District No. 372

Registrar's No. 222

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: 675 South Lafayette
(d) Length of stay: In hospital or institution. All her life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall
(d) Street No. 675 South Lafayette
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINTED FULL NAME Mary Catherine Brandecker
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife John Brandecker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 27, 1854

8. AGE: Years 90 Months 4 Days I If less than one day hr. min.

9. Birthplace Marshall Missouri

10. Usual occupation None

11. Industry or business

12. Name Patrick Flynn

13. Birthplace Ireland

14. Maiden name Mary Walsh

15. Birthplace Ireland

16. (a) Informant Eddie Brandecker

(b) Address 675 South Lafayette

17. (a) Burial (b) Date thereof Nov. 30, 1944

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell - Burns

(b) Address Marshall, Mo.

19. (a) 12-2-44 (b) M. T. O'Connell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1944 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from Nov. 26, 1944 to Nov. 28, 1944 that I last saw her alive on Nov. 28 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema

Due to 110

Other conditions: Bacteria pneumonia - Acute hyperextension

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: M. T. O'Connell (M. D. or other)
Address: Marshall, Mo. Date signed: 11-29-44

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-12-41

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.