

FILED JAN 20, 1945

Registration District No. 77

Primary Registration District No. 3005

Registrar's No. 419

1. PLACE OF DEATH:

(a) County Callaway
Fulton 111 W 3rd St
(b) City or town
(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 Two Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROY LEE BRANDIS

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

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

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: April 4 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name W. H. Brandis

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

14. Maiden name Emma Schmidt

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

16. (a) Informant Luther Thomas

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 12/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem.

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton, Mo.

19. (a) 12-27-1944 (b) Josie M. Mouskoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 111W 3rd St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1944 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 25, 1942 to Dec. 26, 1944
that I last saw him alive on 11/27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Amphotrophic lateral sclerosis with bulbar palsy Duration -3 yrs.

Due to _____

Due to _____

Other conditions none 82.1
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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 _____

Signature Henry D. [Signature] (M. D. or other) _____

Address Fulton, Mo. Date signed 12/27/44

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

MOTHER FATHER

4
1
2

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-19-45

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 Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fullerton

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.