

FILED MAY 5 1945

Registration District No. **83**

Primary Registration District No. **5312**

Registrar's No.

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

27
80

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Bunceton Mo**
(c) Name of hospital or institution: **1/200**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2** (Specify whether years, months or days)
In this community **Life 2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** County **Cooper**
(c) City or town **Bunceton**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Lizzie Brandes**

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

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Theodore Brandes**
6. (c) Age of husband or wife if alive **10 1/2** years (Day) (Year)
7. Birth date of deceased **April 10 1878** (Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **8** If less than one day hr. min.

9. Birthplace **Cooper Co - Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Martin Hord**
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Ida Selck**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Brandes**
(b) Address **Bunceton**

17. (a) **Burial** (b) Date thereof **4-20-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Aug Elm Mo**

18. (a) Signature of funeral director **J. S. Parker**
(b) Address **Bunceton Mo**

19. (a) **April 19, 1945** (b) **Mrs. N. D. Rensyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **19** year **1945** hour **12** minute **45** M.

21. I hereby certify that I attended the deceased from **5-24** to **4-19** 19**45** that I last saw **alive** on **March 19** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction** Duration **4 hrs**

Due to.....
Due to.....

Other conditions **Hypertension 1 1/2 yrs**
(Include pregnancy within 6 months of death)

Major findings: Of operations.....
Of autopsy **Q21**

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) (c) Means of injury

23. Signature **A. L. Vernet** (M.D. or other) **Mo**
Address **Bunceton** Date signed **4/19/45**

1137

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

5/7/45

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 myself, Registered Apprentice No. _____, working under my personal supervision.

Signed P. Y. Parker
Licensed Embalmer No. 25-47
P. O. Address Bunceton 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.