

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3089
Do not use this space.

FILED FEB 11 1946

1. PLACE OF DEATH

(a) County Johnson Registration District No. 164
 (b) Township Simpson Primary Registration District No. 303-25
 (c) City rural (d) Street No. _____ Registered No. 13151
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Claiss M. Brandt
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Brandt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-20-1862
 7. AGE YEARS 83 MONTHS 2 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo.

FATHER 13. NAME Henry Brandt.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Wademan Brandt

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. N.W. DATE Jan. 8 1946

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Spultz Knob N. W. Mo.

20. FILED Jan. 8 1946 Saravali Creel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1946

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1946 to Jan 5 1946
 I last saw him alive on Jan 5 1946 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

① Chc Valvular Disease Date of onset _____
100 yrs

Other contributory causes of importance:
 ② Chc Hepatic

Name of operation 13th Date of _____
 What test confirmed diagnosis? Chc Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) P. W. [Signature] M. D.

(Address) 1110 W. [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1445

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, _____

C. L. Saults

_____, or by _____

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

Signed _____

C. L. Saults

Licensed Embalmer No. _____

1086

P. O. Address _____

Knob Noster 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, above space should be left blank.