

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

FILED APR 15 1946

Registration District No. 1

Primary Registration District No. 4168

State File No.

8937

Registrar's No. 19

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Maysville
(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.
In this community Life years, months or days (Specify whether)

3. (a) PRINT FULL NAME SPENCER LUCAS BRANT

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced. M
6. (b) Name of husband or wife ETTA BRANT 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased MARCH 28 1883 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 29 If less than one day hr. min.

9. Birthplace DeKalb Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Telephone Operator

11. Industry or business

12. Name Emory H. Brant
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Julia Johnson
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Emory H. Brant
(b) Address Maysville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-1946 (Month) (Day) (Year)

(c) Place of burial or cremation DeKalb Co. Mo.

18. (a) Signature of funeral director Emory H. Brant
(b) Address Maysville, Mo.

19. (a) 31-46 (Date received local registrar) (b) Emory H. Brant (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Maysville (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 February day 27 year 1946 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 7, 1945 to Feb. 27, 1946
that I last saw him alive on Feb. 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Sudden
Due to Cardio-nephritis since July 45

Due to
Other conditions ✓ (Include pregnancy within 5 months of death)

Major findings: Of operations ✓
Of autopsy ✓ 1310

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 Emory H. Brant (M. D. or) 31-46
Address Maysville, Mo. Date signed

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 3960

P. O. Address: Wagonville, 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.