

FILED JUN 20 1946

Registration District No. 73 Primary Registration District No. 2291 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Liberty, Mo.

(b) City or town Liberty, Mo.

(c) Name of hospital or institution: F.O.F. Home Hosp. 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years  
(Specify whether years, months or days)

In this community 8 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 24

(c) City or town Liberty (If outside city or town limits, write "RURAL")

(d) Street No. 900 F Home (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALLIE BRANT

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1946 hour 9 minute 15 A.M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 21 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 2 1946 to June 5 1946  
that I last saw her alive on June 5 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 1 Days 14  
If less than one day hr. min.

9. Birthplace: Shelbyville, Mo U  
(City, town, or county) (State or foreign country)

Immediate cause of death: Coronary Occlusion 1 hr.

Due to: Varicose Ulcer 4 yrs.

Due to: Atherosclerosis 10 yrs.

10. Usual occupation: Home maker

Other conditions: (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name: Donald Brant

13. Birthplace: \_\_\_\_\_ Ky

14. Maiden name: Dorthy Baker

15. Birthplace: \_\_\_\_\_ Ky

Major findings: A.H.U.

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: J.C. Thomas

(b) Address: 900 F Home Liberty, Mo

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: June 7 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation: F.O.F. Home Shelbyville, Mo

18. (a) Signature of funeral director: \_\_\_\_\_

(b) Address: Liberty, Mo.

19. (a) Date received local registrar: June 5 1946

(b) Registrar's signature: M. W. Maltby

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 \_\_\_\_\_

23. Signature: M. W. Maltby (M. D. or other) M.D.

Address: Liberty, Mo. Date signed: 5-6-46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-15-42.....

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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 Edgar Archer......

Licensed Embalmer No. 3311.....

P. O. Address Liberty, 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.