

FILED AUG-8 1946

Registration District No.

Primary Registration District No.

4080

49

1. PLACE OF DEATH:

(a) County Carter  
 (b) City or town Hunter  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Cover Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 16 years  
 In this community 16 years  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Francis P. Brandt

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

Chas. Brandt

6. (c) Age of husband or wife if

alive 16 years

7. Birth date of deceased

Nov 16 1861  
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

7

6

hr. min.

9. Birthplace

Butler  
 (City, town, or county)

Indiana  
 (State or foreign country)

10. Usual occupation

house wife

11. Industry or business

12. Name

Roadway

13. Birthplace

Uniontown  
 (City, town, or county)

PA  
 (State or foreign country)

14. Maiden name

unknown

15. Birthplace

PA  
 (City, town, or county)

PA  
 (State or foreign country)

16. (a) Informant

Chas. Brandt

(b) Address

Hunter Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Nov 16 1946  
 (Month) (Day) (Year)

(c) Place: burial or cremation

Hunter

18. (a) Signature of funeral director

Wm. F. Peritt

(b) Address

Van Buren Mo

19. (a)

7-12-46  
 (Date received local registrar)

Mrs. Beta Hemm  
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter  
 (c) City or town Hunter  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
 year 1946 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from June 17 1946 to June 22 1946  
 that I last saw him alive on June 17 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death

arteriosclerosis and hypertension

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)

(e) Means of injury

23. Signature Wm. F. Peritt (M. D. or other) MO  
 Address Hempden, Mo Date signed

RECEIVED  
District Health Officer No. 5.  
District File Number 7-464-44  
Date Filed 7-30-46

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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.....

*Leaton Pewitt*

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.