S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23433

FILED AUG 9 1946

Registration District No. N39 Primary Registration District No. 5541 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Holt 130

(b) City or town Rural — Union township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: One mile North of Craig, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr. (b) County Boone 10 0

(c) City or town Albion 0
(If outside city or town limits, write "RURAL")

(d) Street No. ——— 1
(If rural, give location)

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

If yes, name country ———

3. (a) PRINT FULL NAME Mary Elizabeth Brandt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband ~~or wife~~ Jacob Brandt

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

7. Birth date of deceased January (Month) 17 (Day), 1876 (Year)

8. AGE: Years 70 | Months 6 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Near Fairfax (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business In the home

FATHER
12. Name Frederick Schroder 4
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Helena Evers
15. Birthplace Unknown (City, town, or county) U.S.A. 1 (State or foreign country)

16. (a) Informant Philip Brandt
(b) Address Craig, Mo.

17. (a) Burial + removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) / 2 (Day) / 46 (Year)
(c) Place: burial or cremation Albion, Nebr.

18. (a) Signature of funeral director Wilber L. Schooler
(b) Address Craig, Mo.

19. (a) Aug 2 (Date received local registrar) (b) 46 J Cheary (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 11 30 minute pm M.

21. I hereby certify that I attended the deceased from July 29, 1946, to July 29, 1946, that I last saw her alive on July 29, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Cancer of Transverse Colon	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jas Cheary Cunn (M. D. or other)
Address Unsand City Mo. Date signed 9-9-46

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, 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.