S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37558

Registration District No. 173 | Primary Registration District No. 4213 | Registrar's No. 17

1. PLACE OF DEATH:
(a) County: LAFAYETTE
(b) City or town: CONCORDIA
(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 ____ (Specify whether years, months or days) In this community: 11 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: LAFAYETTE 54
(c) City or town: CONCORDIA /
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: HENRY BRANDT
3. (b) If veteran, name war: NO
3. (c) Social Security No. NO
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: FLORA BRANDT
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: JUNE (Month) 22 (Day) 1864 (Year)

8. AGE: Years 82 | Months 2 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: GERMANY (City, town, or county) / (State or foreign country)
10. Usual occupation: FARMING
11. Industry or business ____
FATHER 12. Name: HENRY BRANDT
FATHER 13. Birthplace: GERMANY (City, town, or county) / (State or foreign country) 4
MOTHER 14. Maiden name: NEE ADELA HEINS
MOTHER 15. Birthplace: GERMANY (City, town, or county) / (State or foreign country) 4
16. (a) Informant: MR. OMAR BRANDT
(b) Address: CONCORDIA, MO
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: SEPT 20 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: ST PAULS CEMETERY
18. (a) Signature of funeral director: E.S. JAMES
(b) Address: CONCORDIA MO
19. (a) Sept. 19-'46 (Date received local registrar) (b) Mrs. Marion Bird (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 18 year 1946 hour 12 minute 40 AM.
21. I hereby certify that I attended the deceased from 7-5 1946 to 9-18 1946 that I last saw him alive on 9-18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days
Due to Carcinoma of the Liver & Rt Lung	4 to 5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 47D
Of autopsy: By X-ray

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 2
23. Signature: Dr. Frederick Hermann (M. D. or other) D.O.
Address: Concordia Mo. Date signed 9-19-46

165

(Licensed Embalmer's Statement on Reverse Side)

36577

RECEIVED
District Health Office No. 8
District File Number
Date Filed 11-23-46

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

Signed E. L. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.