. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1947

Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5765

Primary Registration District No. 5976

Registrar's No.

1. PLACE OF DEATH:
(a) County: Polk
(b) City or town: Walnut Grove Mo. R3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Jackson township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: over 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk
(c) City or town: Walnut Grove Mo R3
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Jackson township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Tressie Brandwein
3. (b) If veteran, name war: nil
3. (c) Social Security No.: nil
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Carl Brandwein
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 10th (Day) 1865 (Year)

8. AGE: Years 81 Months 8 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Farm home keeper
FATHER
12. Name: Joe Galonky
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name: Anna
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Mrs Roy Simmon
(b) Address: Walnut Grove Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakville Cemetery
18. (a) Signature of funeral director: Geo A. Brown
(b) Address: Walnut Grove, Missouri
19. (a) Feb. 28-1947 (Date received local registrar) (b) Lillie Frieze (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th year 1947 hour 6 minute 45 a.m.
21. I hereby certify that I attended the deceased from Feb 1 [redacted] 1947 to Feb 25th 1947
that I last saw her alive on Feb 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
ACUTE CARDIAC FAILURE	30 min
Due to MITRAL INSUFFICIENCY	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: NB
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) 2
While at work? (e) Means of injury
23. Signature: W. R. Davis D.O. (M. D. or other) D/O
Address: Walnut Grove Mo Date signed 2/28/47

261

(Licensed Embalmer's Statement on Reverse Side)

2-47-143
3-3-47

AUG 11 1947

APR 2 1947

APR 4 1947

1947

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 Rex Miller, Registered Apprentice No. 459, working under my personal supervision.

Signed Gene A. Parm

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.