

S. No. 2  
4-8-43  
5-17-39  
P. 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 22 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1309-35229  
State File No. \_\_\_\_\_  
Registrar's No. 314

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
322 West 5th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 77 years life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 322 West 5th. St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA BRANDT DEMAND

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid. 2

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

7. Birth date of deceased Nov. 1 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>77</u>	<u>10</u>	<u>18</u>	<u>hr.</u> <u>min.</u>
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9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name Peter Brandt

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Popin

15. Birthplace Morgan Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant H.P. Demand  
(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 9/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard  
(b) Address Sedalia, Mo.

19. (a) 9/20/47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th  
year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9-13, 1947, to 9-19, 1947;  
that I last saw her alive on 9-18, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis & hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations JMA  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 J.W. Boyer (M. D. or other) M.D.  
Address Sedalia Mo. Date signed 9/20/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-17-47

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 *John A. Cantlon*

Licensed Embalmer No. *4389*

P. O. Address *Sedalia 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.