

S. No. 2
DM-8-43
v. 5-17-39
X37823

FILED DEC 30 1947
Registration District No. **1**

Primary Registration District No. **4158**

Registrar's No. **77**

1. PLACE OF DEATH:

(a) County **DALLAS**

(b) City or town **BUFFALO**
(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 **10 YRS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DALLAS 30**

(c) City or town **BUFFALO**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM HILDER BRAND**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **15**
year **1947** hour **5** minute **01 P.M.**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **2** years

21. I hereby certify that I attended the deceased from **OFF**
Dec 15, 1947 to **Dec 15, 1947**

that I last saw him live on **Dec 15, 1947**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **JAN 25 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **11** Days **10**
If less than one day hr. min.

Immediate cause of death **Coronary Occlusion** Duration **36 hrs**

Due to **Arterio Sclerosis** **WK**

9. Birthplace **SHELBY Co IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation **PHOTOGRAPHER**

Due to **Chronic diabetes** **10 yrs**

Other condition (Include pregnancy within 3 months of death)

11. Industry or business

12. Name **JOHN HILDER BRAND**

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

14. Maiden name **BERTHA BUENGER**
(City, town, or county) (State or foreign country)

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

Major findings: **none**

Of operations

Of autopsy **none 61**

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **CHARLES HILDER BRAND**

(b) Address **MANKATO MINN**

17. (a) **REMOVAL** (b) Date thereof **12-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WEST LAWN NEBR**

18. (a) Signature of funeral director **L B JONES**

(b) Address **BUFFALO MO**

19. (a) **12-18-47** (b) **Mr J. Jones**
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury **2**

23. Signature **J. Jones** (M. D. or other) **MD DO**
Address **Buffalo, Mo.** Date signed **12-16-47**

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

FEB 21

DATE DIED
12-27-47
DISEASE
11-47-1991
INTERNAL
DEATH CERTIFICATE NO. 71

JUN 21 1951

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 Mario B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.