

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1114

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Benton township</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No. <b>020</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>Rural, P.F.D. Rosendale mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mollie</b>	b. (Middle) <b>Rosella</b>	c. (Last) <b>BRANT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 19 - 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>7-13-1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Kings City mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>McCarty Thomas Jefferson</b>	13b. MOTHER'S MAIDEN NAME <b>Saddie Beattie</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Brant</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>M. A. Brant</b>	ADDRESS <b>Savannah mo</b>
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18. CAUSE OF DEATH: Enter one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>A. S. Heart Disease</b>			<b>10 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive failure</b>			<b>7 Days</b>
DUE TO (c) _____		<b>04300F</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture Rt. Hip</b>			<b>7 Days</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Benton Twp. Rosendale, Andrew, Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 12, 1955 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell out of bed</b>
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22. I hereby certify that I attended the deceased from **8-15, 1953**, to **10-19, 1955**, that I last saw the deceased alive on **10-19, 1955**, and that death occurred at **the p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William C. Bolann</b>	(Degree or title) _____	23b. ADDRESS <b>Savannah mo</b>	23c. DATE SIGNED <b>10-20-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-19-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Long Branch</b>	24d. LOCATION (City, town, or county) (State) <b>Andrew county, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 21, 1955</b>	REGISTRAR'S SIGNATURE <b>Gather M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home</b>	ADDRESS <b>Savannah mo</b>
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**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *E. C. Breit* .....

Licensed Embalmer No. *265*.....

P. O. Address..... *Lawrence* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.