

S. No. 2
OM-8-43
5-17-39
X37823

17843

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1944

Registration District No. 82

Primary Registration District No. 41435308

Registrar's No. 70

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town "RURAL" BLACKWATER?
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROCK GUARDY NEAR 3 BLACKWATER-MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community ONE DAY
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTEAIGNE
(c) City or town TIPTON
(If outside city or town limits, write "RURAL")
(d) Street No. NO NUMBERS
(If rural, give location)
(e) Citizen of foreign country? No (Yes/No)
If yes, name country Nature

3. (a) PRINT FULL NAME HENRY C. BRANT JR.

(b) If veteran, yes name war World war I
(c) Social Security No. 495-10-996

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise Brant 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Jan 18 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Tipton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Lineman

11. Industry or business MO-UTILITIES

12. Name Henry C. Brant Sr.
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Kraemer
15. Birthplace Morgan county Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Brant
(b) Address TIPTON-MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5-2-44
(Month) (Day) (Year)
(c) Place: burial or cremation CATHOLIC-CEMETERY

18. (a) Signature of funeral director Jessie E. Pichard
(b) Address TIPTON-MO

19. (a) May-2-44 (Date received local registrar) (b) Dr. Chas. S. Wap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/1/44 1944 to 5/1 1944
that I last saw him alive on never saw alive 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Electrical shock
Due to _____
Duration 5 min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 193
Of operations 99
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) Accident 029
(b) Date of occurrence 5-1-44
(c) Where did injury occur? Cooper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Blackwater Quarry
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature James P. Smith (M.D. or other) 3
Address 945-7th St. Boone Mo Date signed May 1-1944

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

27
0
0

1188

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number

Date Filed: 5-25-44

BRANT J. (mirrored text)

Handwritten notes and signatures

MAY 29 1951

MAY 29 1944

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: Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address: TIPTON-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.