

FILED MAR 11 1948
Registration District No. 1755

Primary Registration District No. 4335
225

Registrar's No.

1. PLACE OF DEATH:

(a) County... Moniteau

(b) City or town... Jipton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
(Specify whether)

In this community... most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... mo (b) County... Moniteau 68

(c) City or town... Jipton 2
(If outside city or town limits, write "RURAL") 0

(d) Street No... none D
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country... Native

3. (a) PRINT FULL NAME MARGARET-P-BRANT

3. (b) If veteran, name war... none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 1948 hour 5 minute 20 P.A.M.

4. Sex... Female 5. Color or race... white

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

6. (b) Name of husband or wife... Henry C Brant Sr

6. (c) Age of husband or wife if alive... 90 years

7. Birth date of deceased... 1 / 29 / 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from... 1-1-48 to... 3-5-48

that I last saw him... alive on... 3-5-48 and that death occurred on the date and hour stated above.

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

77 / 1 / 6 hr. min.

Immediate cause of death... Cerebral hemorrhage 3-4-48

Due to... arterial hypertension chr.

9. Birthplace... Rochester N.Y.
(City, town, or county) (State or foreign country)

Other conditions... None
(Include pregnancy within 3 months of death)

10. Usual occupation... Housewife

11. Industry or business... Home

Major findings: Of operations... SP

Of autopsy... SP

PHYSICIAN

Underline the cause of which death should be charged statistically.

12. Name... Michael Kramer H

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

14. Maiden name... Elizabeth Teufelbaum

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

16. (a) Informant... Henry C Brant Sr

(b) Address... Jipton mo

17. (a) Burial (b) Date thereof... 3-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Catholic cemetery

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)

While at work?..... (e) Means of injury.....

18. (a) Signature of funeral director... Jesse E. Kishel

(b) Address... total 700

19. (a) 3-7-48 (b) Maudie Hudson
(Date received local registrar) (Registrar's signature)

23. Signature... Jesse E. Kishel

Address... Jipton mo Date signed... 3-7-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton, Va

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.

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 225-

Primary Registration District No. 4335

Registrar's No. _____

1. PLACE OF DEATH: manitewan
 (a) County _____
 (b) City or town _____
 (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 _____
 In this community _____
 years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret P. Brent
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March 5-
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: Jan 29 (Month) (Day) (Year)
 8. AGE: Years 77 Months _____ Days _____ If less than one day _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) 3-7-48 (b) Mrs. Maud Hudson
 (Date received local registrar) (Registrar's signature)

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

PHYSICIAN _____
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature _____ (M. D. or other)
 Date signed _____

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

SUPPLEMENTARY

S-5544 1948