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AUG 14 1940
Registration District No. 108

Primary Registration District No. 567a

State File No. _____
Registrar's No. 178

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - Calwood Twp
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles East of Calwood
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Columbus Brandenburg ⁶⁵³

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Pearl Brandenburg 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 26 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 21 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Jefferson Brandenburg
13. Birthplace Washington Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name May Pyle
15. Birthplace Scott Co., Ill. (City, town, or county) (State or foreign country)

16. (a) Informant G.H. Brandenburg
(b) Address Bachelor, Mo.

17. (a) Burial (b) Date thereof July 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Leo Wallace
(b) Address Fillton, Missouri

19. (a) July 19 1940 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1940 hour _____ minute 3:00 P.M.
21. I hereby certify that I attended the deceased from July 8, 1940 to July 17, 1940
that I last saw him alive on July 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death heart failure, Decompensation
Due to splenic infarction ^{3 days}
lymphatic leukemia? ^{4 days}
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none ^{72W}
Of autopsy none
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) _____
(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? _____

106
While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature John J. Brown (M. D. or other) ¹⁰⁶
Address Fillton, Mo. Date signed _____

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:

Harold J. Christey

Licensed Embalmer No.

400217

P. O. Address.

Shelton, N.J.

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.