

o. 2  
13-40  
17-39  
X23159

MOVED SEP 16 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28140**  
Registrar's No. **990**

Registration District No. **109**

Primary Registration District No. **5159**

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

1. PLACE OF DEATH

(a) County **Callaway**  
(b) City or town **Paral - Calwood TN**  
(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 **2**  
(Specify whether years, months or days) **about 50 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**  
(c) City or town **Paral**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **about 2 1/2 mi N Dixie**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Wm. Henry Brandis**

3. (b) If veteran, name war **L** 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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 28 1865**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **34** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Harvel Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **D.K.** **9**

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

14. Maiden name **D.K.** **7**

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

16. (a) Informant **Mrs. J. Thomas**  
(b) Address **New Bloomfield, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 23, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt. Carmel**

18. (a) Signature of funeral director **Geo. Wallace**  
(b) Address **Dutton, Mo.**

19. (a) **Aug 22 1940** (b) **E. M. Rush**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **22** day **Aug**  
year **1940** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov 29**, 19**38**, to **Aug 22**, 19**40**  
that I last saw **him** alive on **Aug 21**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **General Arteriosclerosis**

Due to \_\_\_\_\_

Due to **99**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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? **1138**

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **E. M. Rush** (M. D. or other) **1**  
Address **New Bloomfield** Date signed **Aug 22 1940**

**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. Christy*

Licensed Embalmer No. *4002*

P. O. Address..... *Dutton, Me*

**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.**