

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17388**

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. **2050**

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

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(c) Name of hospital or institution:  
Research Hospital, U  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days,  
(Specify whether  
In this community as above,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 97  
(c) City or town Sweet Springs, 3  
(If outside city or town limits write "RURAL") 0  
(d) Street No. X  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years.

8. (a) PRINT FULL NAME John Brandt,

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male / 1 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 12 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 8 13 hr. min.

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

10. Usual occupation Farmer,

11. Industry or business  
12. Name Chas Brandt

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

14. Maiden name Marguerite Krentoll

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

16. (a) Informant Mr. Carter, Madison Drive  
(b) Address Sweet Springs, Mo.

17. (a) Removal, (b) Date thereof 5-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 26, 1941 (b) M. M. Grover  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th  
year 1941 hour 1:12 minute A. M.

21. I hereby certify that I attended the deceased from May 11  
1941, to May 26, 1941  
that I last saw him alive on May 26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach.  
Developed bronchial pneumonia 9 days after operation  
Due to 11/5 46

Other condition Bronchial pneumonia 3 days  
(Include pregnancy within 3 months of death)

Major findings: Partial gastrectomy for carcinoma of stomach  
Of operations no autopsy  
Of autopsy no autopsy

Duration of stay 15 days  
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?

(Specify type of place)  
While at work? no (a) Means of injury no  
23. Signature Paul H. Hunt (M. D. or other)  
Address 4240 W. 13th Date signed 5-26-41

Drs. Hunt

2 P.M. Duff Day

**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 Felix Benz

Licensed Embalmer No. H127

P. O. Address Kansas City, 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, above space should be left blank.