S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20179

Registrar's No. 2396

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3219 So. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 44 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3219 So. Benton 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME: Miss Helen Bray Brandon

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Fe. 1

5. Color or race: Wh.

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

6. (b) Name of husband or wife: XXXX

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

7. Birth date of deceased: Dec. (Month) 19 (Day) 1870 (Year)

8. AGE: Years 71 | Months 6 | Days 1 | If less than one day: hr. min.

9. Birthplace: Saline Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Retired Y. M. C. A.

11. Industry or business:

FATHER
12. Name: Anderson C. G. Brandon
13. Birthplace: Indianoplis (City, town, or county) Ind. (State or foreign country) 1

MOTHER
14. Maiden name: Miran Jane Bray
15. Birthplace: Millersbury (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant: Miss Mida L. Brandon
(b) Address: 3219 So. Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: 1800 Linwood K.C.Mo.

19. (a) 6-22-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 9 30 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1942, to June 20, 1942, that I last saw h. alive on June 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anoxemia	2 da
Due to: Bronchiectasis	10 yrs
Due to: 106 B	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Harry L. Lawler (M. D. or other)
Address: Kansas City, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harry A. Jones

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.....

Licensed Embalmer No.....

P. O. Address.....

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.