. S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40543

Registration District No. FILED JAN 5 1943

Primary Registration District No. 3016

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 1
607 West McCarty Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26

(a) State Missouri (b) County Cole 5

(c) City or town Jefferson City, Mo 4
(If outside city or town limits, write "RURAL")

(d) Street No. 607 West McCarty Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maggie J. Brand

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race white 1

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife John H. Brand

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

7. Birth date of deceased July (Month) 3 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	5	hr. min.

9. Birthplace Honey Creek, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Meier
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Duenkel
15. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otto Horschman
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Hugh J Gordon
(b) Address Jefferson City Missouri

19. (a) 12-9-42 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

894

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 42 hour minute 11 30 P.M.

21. I hereby certify that I attended the deceased from Oct 14, 1942 to Dec 8, 1942
that I last saw her alive on Dec 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis following Double Pneumonia (Lobar) — Duration 4½ mo

Due to —

Due to —

Other conditions — 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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 —

23. Signature Jas A. Hall (M. D. or other)
Address Jefferson City Mo Date signed Dec 9-42

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1949

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 Louis Rucci

Licensed Embalmer No. 4096

P. O. Address Jefferson Ave

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.