S. No. 2
OM—2-43
. 5-17-39
I -X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6850

Registration District No. 63 Primary Registration District No. 5249 Registrar's No.

1. PLACE OF DEATH:

(a) County CHARITON

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

(c) Name of hospital or institution: 1 Rowling Green Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON 21

(c) City or town DALTON 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME IVA B. BRANDT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILL C BRANDT

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

7. Birth date of deceased JANUARY (Month) 16 (Day) 1875 (Year)

8. AGE: Years 69 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business HOUSEWORK

FATHER
12. Name C. C. WEBB
13. Birthplace CHARITON CO MO. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AMANDA MOORE
15. Birthplace DONT KNOW 9 (City, town, or county) (State or foreign country)

16. (a) Informant W. C. BRANDT
(b) Address DALTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-20-1944 (Month) (Day) (Year)
(c) Place: burial or cremation DALTON MO.

18. (a) Signature of funeral director L W Heisel
(b) Address BRUNSWICK MO

19. (a) Feb 20 1944 (Date received local registrar) (b) A L Friesz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 17TH year 1944 hour 12 minute 25 P M.

21. I hereby certify that I attended the deceased from From Feb. 10, 1944 to Feb. 17, 1944 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac thrombosis	7 days
Due to Sclerosis of the coronary arteries	?
Due to General arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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 0

23. Signature Harry E Tatum (M. D. ~~or other~~)
Address Brunswick Mo Date signed 2/19/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-8-44

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 L M Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.