

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 14 1944

Registration District No. 6

Primary Registration District No. 5031

Registrar's No. 15

1. PLACE OF DEATH

(a) County Andrain

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain

(c) City or town Rural Cuivre (town)
(If outside city or town limits, write "RURAL")

(d) Street No. East of Laddonia Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN J. BRABANT

3. (b) If veteran. name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1944 hour 10 minute 25 P M.

21. I hereby certify that I attended the deceased from July 5 1944 to July 27 1944
that I last saw him alive on July 27 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Brabant 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 15 1864
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to Hypertension 5 yrs.

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 79 Months 10 Days 12 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

11. Industry or business Farmer

MOTHER FATHER { 12. Name John Brabant

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

14. Maiden name Victoria Villers

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

16. (a) Informant Mrs. W. R. Stuart

(b) Address Farber, Mo.

17. (a) burial (b) Date thereof July 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia Cemetery

18. (a) Signature of funeral director Dr. J. Brangert

(b) Address Laddonia, Mo.

19. (a) July 31 1944 (b) Mattie Fugua
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature M. B. Paige (M. D. or other) Dr.
Address Laddonia, Mo. Date signed 7-28-44

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

400

AUG 16 1944

8-44-466
AUG 11 1944

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.....

H. G. Granger

Registered Apprentice No.....

working under my personal supervision.

Signed *H. G. Granger*

Licensed Embalmer No. *1297V*

P. O. Address *Sadonia, 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, fact should be so stated above.