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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **4809**

FILED DEC 9 1944  
Registration District No. **149**

Primary Registration District No. **1001**

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

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: **815 ARCHIBALD ST.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
In this community **22 YEARS**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **BERTH BRANDT**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **none**

4. Sex **MALE** 5. Color of race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. BERNICE BRANDT**  
6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **MARCH 28 1888**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **8** Days **0**  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **MILLER COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SUPERINTENDANT Y SEXTON**

11. Industry or business **UNION CEMETERY**

12. Name **WILLIAM BRANDT**

13. Birthplace **UNKNOWN GERMANY**  
(City, town, or county) (State or foreign country)

14. Maiden name **HENRIETTA MEYER**

15. Birthplace **UNKNOWN GERMANY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jennie Brandt**  
(b) Address **3331 Euclid Avenue**

17. (a) **BURIAL** (b) Date thereof **12-2-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **UNION CEMETERY**  
18. (a) Signature of funeral director **D. H. Newcomer's Sons**  
(b) Address **1401 BRUSH CREEK BLDG.**

19. (a) **11-29-44** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **JACKSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **28TH W WARWICK**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **28TH**  
year **1944** hour **3** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **11-1**  
19**44**, to **11-28**, 19**44**  
that I last saw him alive on **11-27**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute coronary thrombosis**  
Due to \_\_\_\_\_  
Duration **2 days**

Due to \_\_\_\_\_  
Other conditions **94A**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **acute coronary thrombosis**  
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) **No**  
(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 **P. M. Young** (M. D. or other)  
Address **1401 SW Blvd** Date signed **11-28-44**

JAN 6 1945

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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.....

*R. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *R. C. 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.