

No. 2
-8-43
-17-39
I X37823

FILED JUL 25 1946

Registration District No. _____

Primary Registration District No. 4411

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. West Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK TURNER BRANDSTETTER

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

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

6. (b) Name of husband or wife Bertha Brandstetter (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Mar 17 1887
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter L. Brandstetter

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

14. Maiden name Sarah Annas Colmore

15. Birthplace Linn Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. L. Brandstetter

(b) Address Bowling Green Mo

17. (a) Burial (b) Date thereof July 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Mo

18. (a) Signature of funeral director Walter Banfield

(b) Address Bowling Green Mo

19. (a) 7-20-46 (b) Bill T. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 7 day 5
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/1, 1946 to 7/5, 1946
and that death occurred on the date and hour stated above.
What I last saw him alive on 7/5, 1946

Immediate cause of death Cerebral Hemorrhage Duration 3 weeks

Due to _____
Due to Hypertension
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations gn
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? _____

While at work? _____ (Specify type of place) (c) Means of injury no. 2
23. Signature J. M. Mathias (M. D. or other) no. 2
Address Bowling Green Mo Date signed 7/4/46

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1447

Date Filed JUL 24 1946

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 Grace M. Danford

Licensed Embalmer No. 2204

P. O. Address Bowling Green W.

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.