

No. 2  
1-2-43  
5-17-39  
X35637

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30174

FILED OCT 7 1946  
Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 3914

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:  
4400 Benton Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 18 years  
years, months or days

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. 4400 Benton Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME ORMAN F. BRANDOW  
(b) If veteran, name war No  
(c) Social Security No. 490-16-8566

20. DATE OF DEATH: Month September day 15  
year 1946 hour 6 minute 45 M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Theresa Brandow  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased October 16 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2, 1946, to Sept 15, 1946, that I last saw him alive on Sept 15, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
53 11 9 hr. min.

Immediate cause of death:  
Myocardial Failure 3 days  
Due to Cor. Pulmonale  
Due to Coronary Arteriosclerosis

9. Birthplace Illinois (City, town, or county) (State or foreign country)  
10. Usual occupation Spring Maker

Other conditions (Include pregnancy within 3 months of death)  
gla  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business Larry Lewis Spring Works  
12. Name Harvey Brandow  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

MOTHER FATHER

16. (a) Informant Mrs. Theresa Brandow  
(b) Address 4400 Benton Blvd. K. C. Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-46  
(Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery  
18. (a) Signature of funeral director Wilks Funeral Home  
(b) Address 2315 Linwood K. C. 3 Mo  
19. (a) 9-16-46 (Date received local registrar) (b) Geraldine Holmes (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 Leo M. Muller (M. D. or other) MD  
Address 3548 S. Adams Date signed Sept 16/46

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

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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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address K.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.**