

No. 2  
-12-45  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36869

State File No.

4879

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 hours  
(Specify whether  
In this community 7 days  
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. 5232 Saide  
(If rural, give location)  
(e) Citizen of foreign country? X no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Edna Brandt

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased March 17 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 7 29 hr. min.

9. Birthplace Alma Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House work  
11. Industry or business Home

12. Name John Schmidt  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Horstmann  
15. Birthplace Lafayette County, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Schmidt  
(b) Address Alma, Missouri

17. (a) Removal (b) Date thereof Nov 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls, Missouri

18. (a) Signature of funeral director James Funeral Home  
(b) Address Concordia Missouri

19. (a) 11-29-46 (b) Aldredine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16  
year 1946 hour 1 minute 00 PM.  
21. I hereby certify that I attended the deceased from 3:50 AM  
Nov 16, 1946 to 1:00pm Nov 16-46  
that I last saw her alive on Nov. 16, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation  
Due to old rheumatic heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: 95 B  
Of operations  
Of autopsy see above

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 W. W. Hart (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 11-17-46

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

36869

*Dr. Sam...*

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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, ~~by~~ \_\_\_\_\_, Registered Apprentice No. ~~2674~~ working under my personal supervision.

Signed *Chas E. Wells*  
Licensed Embalmer No. *2644*  
P. O. Address. *H. 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.**