

FILED MAR 3 1947

Registration District No. 2

Primary Registration District No. 4029

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Adair Co
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Nichols Sanatorium D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Miss Elizabeth C Brandt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: March 16 1899
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Diagonal Iowa RR 7
(City, town, or county) (State or foreign country)

10. Usual occupation ran a farm

11. Industry or business farming

12. Name Carl A. Brandt 4
13. Birthplace Germany Germany
(City, town, or county) (State or foreign country)
14. Maiden name Martha Balger
15. Birthplace in Kreuz Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winnifred F. Ford
(b) Address Diagonal Iowa

17. (a) Remove (b) Date thereof 2-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director: E. G. Breit
(b) Address Savannah Mo
19. (a) 2-20-47 (b) delbert spuh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Ringold 999
(c) City or town Diagonal Iowa RR 7
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1947 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb 8
1947 to Feb 20 1947
that I last saw her alive on Feb 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy + failing compensation of heart
Due to Arterio sclerosis
Due to we removed epithelium at junction nose + cheek also lipoma back part of right breast
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy J. B. C

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 0

23. Signature H. Manning (M. D. or other) _____
Address Savannah Mo Date signed 2/20/47

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

210

2

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.