

FILED MAR 11 1947

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Cole Camp Rural Willimstownship
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route #3 5 1/2 Miles East /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 57 Years (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton
 (c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 1/2 Miles East
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John D Brandt
 (b) If veteran, No name war _____
 (c) Social Security No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 3rd
 year 1947 hour 6 minute 55 P. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Emma Margaret
 (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased May 23 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from never, 19____ to never, 19____
 that I last saw him live on June 1 - and that death occurred on the date and hour stated above. 1947

8. AGE: 57 Years 9 Months 10 Days
 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
 Due to _____
 Due to _____

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

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 93D
 Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Jacob Brandt
 13. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sophia Burke
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs John Brandt
 (b) Address Cole Camp Mo Route #3

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? _____

17. (a) Burial (b) Date thereof Mar 6th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brauersville Cemetery

18. (a) Signature of funeral director E. H. Eichhoff
 (b) Address Cole Camp Mo

While at work? _____ (Specify type of place) (c) Means of injury 0
 23. Signature Pauline Harms (M. D. or other) MD
 Address Cole Camp Mo Date signed 3-4-47

19. (a) March - 7 - 1947 (b) Pauline Harms
(Date received local registrar) (Registrar's signature)

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

24

MAR 26 1948

RECEIVED
District Health Officer No. 7,
District File Number 2-42-218
Date Filed 3-10-48

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. E. Eickhoff*

Licensed Embalmer No..... 730

P. O. Address..... Cole Camp 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.