. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1948

Registration District No. 164

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5316

Primary Registration District No. 3032

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Warrensburg Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Tilly A. Brandt

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 20 (Day) 1860 (Year)

8. AGE: Years 87 Months 5 Days 19 If less than one day hr. min.

9. Birthplace New Franklin (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Hoffman 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Braun 11
15. Birthplace Germany (City, town, or county) (State or foreign country) 1

16. (a) Informant Mr. W. A. Brandt
(b) Address Wellington, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster, Mo.

18. (a) Signature of funeral director
(b) Address Knob Noster, Missouri

19. (a) Feb. 11, 1948 (Date received local registrar) (b) Savannah Nutt Pfister (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~4~~ Feb day ~~11~~ 9th
year 1948 hour 2 minute 5 P.M.

21. I hereby certify that I attended the deceased from Feb 8 21, 1948, to Feb 9, 1948
that I last saw her alive on Feb 9, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Burn - 2nd and 3rd degree over 65% of body surface	1 day
Due to Hypertensive heart disease	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) accident 51

(b) Date of occurrence Feb 8th 1948

(c) Where did injury occur? Warrensburg (City or town) Johnson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? — (e) Means of injury Burn 0

23. Signature L Reed Maxson (M. D. or other) MD

Address Warrensburg Mo Date signed Feb 11 48

(Licensed Embalmer's Statement on Reverse Side)

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 W. Raymond Baker, Registered Apprentice No. #25, working under my personal supervision.

Signed C. L. Gault

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.