No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8223

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Osage 76
(c) City or town: Bonnot Mill Mo 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME: Mary Carolina Brandt
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: C. P. Brandt
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: April (Month) 14 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	20	hr. ____ min.

9. Birthplace: Loose Creek (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business ____
FATHER 12. Name: Baltz Nilges
13. Birthplace: Loose Creek (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: " (City, town, or county) " (State or foreign country)
16. (a) Informant: Mr. C. P. Brandt
(b) Address: Bonnots Mill, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Frankenstein
18. (a) Signature of funeral director: Clyde Morton
(b) Address: Lamar, Mo
19. (a) 3-5-48 (Date received local registrar) (b) R. P. Harris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1948 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from Mar. 1, 1948, to March 2, 1948, that I last saw her alive on Mar. 2, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	4 day
Due to: Nephrosclerosis	5 yrs
Due to: Pyelonephritis	
Other conditions: Spondylolisthesis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 13 A
Of autopsy: 13

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) ____
(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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: 0
23. Signature: L. B. Klebba M.D. (M. D. or other)
Address: Jefferson City, Mo Date signed: 3-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 18 1948

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.