

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32721

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
478 N. Thornton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 16 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 999

(c) City or town Burbank, California 4
(If outside city or town limits, write "RURAL")

(d) Street No. 141 West Verdugo Avenue 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Woodrow Brand

3. (b) If veteran World War #2 name war Naval Reserve

3. (c) Social Security No. 496-01-4072

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Razella M. Brand

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased November 25, 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Ray County, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Lockheed Aircraft Corp.

12. Name James Amos Brand

13. Birthplace Ray County, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Zennie Gant

15. Birthplace Ray County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Razella M. Brand

(b) Address Burbank, California

17. (a) Burial (b) Date thereof 11/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Life F. Home

(b) Address Richmond, Missouri

19. (a) Nov. 23-1948 mauel jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1948 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from 11-19-48, 19____, to 11-20-48, 19____;
that I last saw him alive on 11-20-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day
Duration

Due to _____

Due to _____

Other conditions 940
(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) _____

(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? _____

23. Signature Shos J. [Signature] 10
(Specify type of place) (M. D. or other)

Address Richmond, Mo. Date signed 11-23-

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

9
1
1

District No. 0,

District File No.

Date Filed 1-26-48

REC-271045

VS MAY 25 1959

NOV 23 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 *James M. [Signature]*

Licensed Embalmer No. *4096*

P. O. Address *Richmond, 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.