N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1947
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. 50
(b) Township — Primary Registration District No. 3004 — Registered No. 11
(c) City Butler — (d) Street No. East Butler St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carmen Sue Brannock. 652.
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21. 1936
7. AGE YEARS 1 MONTHS 9 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo.

FATHER
13. NAME Floyd. Brannock.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo

MOTHER
15. MAIDEN NAME Gertrude Caviness.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

17. INFORMANT (ADDRESS) Floyd Brannock Butler Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Jan 22 1938
19. FUNERAL DIRECTOR (ADDRESS) Culver's Butler Mo
20. FILED Jan 22 1938 Nina L Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to Jan. 21, 1938
I last saw her alive on Jan. 20th, 1938 Death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Bronchopneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

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24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carter W. Lutes, M. D.
(Address) Butler, Mo

(Licensed Embalmer's Statement on Reverse Side)

107a

STATEMENT BY LICENSED EMBALMER

I, Harry G. Newell, Licensed Embalmer No. 3111

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Harry G. Newell

Licensed Embalmer No. 3111

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1947
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. 50
(b) Township B — Primary Registration District No. 3004 — Registered No. 11
(c) City Butler — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carmen Sue Brannock
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho	
Pneumonia	
9	

Other contributory causes of importance:
Broncho. Pneumonia following Whooping Cough.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carter W. Luter, M. D.
(Address) Butler Mo

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

(a) County ... Local Registrar's District No. ...

(b) Town or City ... Primary Registration District No. ... 1a. Serial No. ...

(c) City ... (d) Street No. ...

(e) Length of time in this place before death occurred ... (f) Hour of death ... (g) Date of death ...

2. PRINT FULL NAME ...

3a. Residence, No. ... 3b. ... 3c. ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ... 4. COLOR OR RACE ... 5. If married, widowed, or divorced ...

6a. If married, widowed, or divorced — HUSBAND OR (OR WIFE) OF ...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ...

7. AGE — YEARS ... MONTHS ... DAYS ... If less than 1 day, hrs. or min. ...

8. Trade, profession, or particular kind of work done, even if retired ...

9. Industry or business in which work was done, even if retired ...

10. Total time (years) in this occupation ...

OCCUPATION

11. BIRTHPLACE (CITY OR TOWN) (STATE OR FOREIGN COUNTRY) ...

PARENTS

12. NAME ...

13. BIRTHPLACE (CITY OR TOWN) (STATE OR FOREIGN COUNTRY) ...

INFORMANT

14. NAME ...

15. ADDRESS (STREET AND NUMBER) (CITY OR TOWN) (STATE OR FOREIGN COUNTRY) ...

16. INFORMANT ...

17. BURIAL, CREMATION, OR REMOVAL ...

PLACE ... DATE ... 19

18. FUNERAL DIRECTOR ...

19. Filed ... 19

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (MONTH, DAY, AND YEAR) ... 19

22. I HEREBY CERTIFY, that I attended the deceased ... 19 ... 19 ... 19