

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

40459
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 656
(b) Township Holland Primary Registration District No. 6281 Registered No. _____
(c) City _____ (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. 8 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME CHARLINE BRANCH

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1939		
7. AGE		YEARS 7	MONTHS 7	DAYS 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None		11. Total time (years) spent in this occupation.....		
9. Industry or business in which work was done, as saw mill, bank, etc.		If LESS than 1 day,hrs. ormin.		
10. Date deceased last worked at this occupation (month and year).....		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland Mo.		
FATHER	13. NAME Wilson Branch		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Station Tenn	
	15. MAIDEN NAME Lula Wilson		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. D.K.	
MOTHER	17. INFORMANT (ADDRESS) Wilson Branch Steele, Mo. R.l.		18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 10/29 , 19 39	
	19. FUNERAL DIRECTOR (NAME) (ADDRESS) None		20. FILED 11-19 1939 <i>Tom Bessinger</i> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 28**, 19**39**

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 **4:00** p.m.
The principal cause of death and related causes of importance were as follows:

This child was bit by a Rat the parents saw the Rat when it bit the child

Other contributory causes of importance: **188**

Name of operation..... Date of.....
What test confirmed diagnosis? *History* Was there an autopsy? *no*

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? *no*
If so, specify.....
(Signed) *Jack H. Kelley* *Coroner*, M. D.
(Address) *St. Louis*

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.