DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3640

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 23

FILED FEB 13 19

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs. 5 mo. 26 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry Co.

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jane Branan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased ? (Month) ? (Day) 1858 (Year)

8. AGE: Years 82 Months Un Days Un If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Moran
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Limpaw
15. Birthplace Unknown (City, town, or county) " (State or foreign country)

16. (a) Informant's own signature Records of State Hospt. #4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation State Hospt. #4 Cemetery

18. (a) Signature of funeral director Chas. Richardson
(b) Address Farmington, Mo.

19. (a) Feb. 3 40 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30 year 1940 hour 1:50 p.m. minute M.

21. I hereby certify that I attended the deceased from Aug. 4, 1930, 1930 to Jan. 30, 1940 that I last saw her alive on 1-30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 days
Due to: Acute Influenza	5 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): (1) Arteriosclerosis, marked (2) Senile Psychosis, simple Deterioration	? 13 years

Major findings: Of operations None

Of autopsy None

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

23. Signature C. C. Ault M.D. (M. D. or other)
Address Farmington, Mo. Date signed 1/30/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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 Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington 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, above space should be left blank.