

STANDARD CERTIFICATE OF DEATH

Registration District No. 135 Primary Registration District No. 5090 Registrar's No. 91

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 313 N. Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Martha J. Branner

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John M. Branner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 19, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Carroll Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Moses Standley

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

14. Maiden name Susan Hagthorn

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

16. (a) Informant John Branner

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 10, 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powell Cem.

18. (a) Signature of funeral director Standley

(b) Address Carrollton, Mo.

19. (a) _____ (b) 130 (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Carrollton
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd
year 1940 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 2
1940 Oct 3 1940
that I last saw her alive on Oct 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Senility and shock
from fracture

Due to left arm of

Due to _____

Other conditions none 1940
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence Oct 1, 1940

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in, about home, on way, in industrial place, in public place?
fall to floor while at home
While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. F. Cook (M. D. or other) _____
Address Carrollton, Mo. Date signed 10-4-40

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

7
3
1

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-14-40

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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.