DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18410

Registration District No. 556 — Primary Registration District No. 4328 — Registrar's No. 17

1. PLACE OF DEATH:

(a) County Mercer County

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

(c) Name of hospital or institution: Axtell Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2wks — In this community 2 wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 317 East 31st Street (If rural, give location)

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

3. (a) PRINT FULL NAME Minnie May Branham

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 married

6. (b) Name of husband or wife J. L. Branham

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 29, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	1	hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Parman

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

MOTHER 14. Maiden name unknown

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

16. (a) Informant's own signature J. L. Branham (b) Address Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 19, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Farley

18. (a) Signature of funeral director Neal Moss (b) Address Princeton Mo

19. (a) 6-31-41 (Date received local registrar) (b) Jos M Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour one minute 10 P. M.

21. I hereby certify that I attended the deceased from May sixteenth, 1941 to May 30, 1941 and that I last saw her alive on May 30, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral Hemorrhage apoplexy	10 da.
Due to: cerebral embolism and thrombosis	
Due to: gastro-enterostomy and entero- enterostomy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: May 16-1941 operation stomach contracted and deformed at pylorus

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Byron J Axtell D.O.

Address Princeton, Missouri Date signed 5/31

(Licensed Embalmer's Statement on Reverse Side)

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 me.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hal Mann

Licensed Embalmer No. 2634

P. O. Address Princeton Mo

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.)

If this body is not embalmed, above space should be left blank.