

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22547

State File No. _____

Registration District No. 750

Primary Registration District No. 5991

Registrar's No. 1764

1. PLACE OF DEATH

(a) County Ripley
(b) City or town Ripley Harris
(c) Name of hospital or institution:
1/2 mile west of Purman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 14 years
years, months or days)

3. (a) PRINT
FULL NAME

PEARL BRANSON

3. (b) If veteran,
name war no

3. (c) Social Security
No. no

4. Sex female 5. Color or race white
6. (b) Name of husband or wife J. L. Branson 6. (c) Age of husband or wife if
alive 43 years
7. Birth date of deceased Dec. 15 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 30 If less than one day
hr. min.

9. Birthplace Randolph Co. Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Frank Crowell
13. Birthplace unk. Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Hawkins
15. Birthplace unk.
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Branson

(b) Address Danpshan, Mo. Rt.

17. (a) Burial (b) Date thereof 7-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Minnie Lish

(b) Address Naylor, Mo.

19. (a) 7-14-41 (b) E. Johnston
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile west of Purman
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1941 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7-1-41
19____ to 7-11-41 19____
that I last saw him alive on 7-11-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma
uterus subman

Other conditions 4 ft
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
674

While at work? _____ (Specify type of place) _____
(If means of injury)

23. Signature Clifford Johnston (M. D. or other) _____
Address Purman Date signed _____

JUL 30 1941

FEB 23 1942

FEB 21 1942

MAR 13 1951

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, fact should be so stated above.