

to file

FILED OCT 19 1941

STANDARD CERTIFICATE OF DEATH

State File No. 31476

Registration District No. 283

Primary Registration District No. 4167

Registrar's No.

1. PLACE OF DEATH: Dunklin, Mo.
 (a) County Dunklin, Mo.
 (b) City or town Cardwell, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin, Mo.
 (c) City or town Cardwell, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME RAYMOND BRANNON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 28 1903
 (Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Jesse Brannon

13. Birthplace Tenn 1
 (City, town, or county) (State or foreign country)

14. Maiden name Amber

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

16. (a) Informant Jesse Brannon

(b) Address Bredrick Town, Mo.

17. (a) Burial (b) Date thereof 8-19-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell, Mo.

18. (a) Signature of funeral director Paul H. Mitchell

(b) Address Cardwell, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 16th
 year 1941 hour 9:00 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 16
 _____, 1941, to Aug 16, 1941;
 that I last saw him alive on Aug 16, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Basilar skull fracture
 Due to Automobile accident

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 1700

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

2 hrs

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) Accident

(b) Date of occurrence August 16, 1941 25

(c) Where did injury occur? Cardwell, Dunklin, Mo.
 (City or town) (County) (State)

(d) Did injury occur in, or about home, on farm, in industrial place, in public place?
public place
 (Specify type of place)

(e) Means of injury Automobile

23. Signature M. C. Sligo (M. D. or other)
 Address Cardwell Date signed 8-18-41

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

RECEIVED

District Health Office No. 2,

District File Number 1041-141

Date Filed 10/13/41

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 as Paragon

....., Registered Apprentice No.

working under my personal supervision.

Signed Randal L. Mitchell

Licensed Embalmer No. 373 (Cork)

P. O. Address Paragon

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 283

Primary Registration District No. 4167

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Raymond Brannon

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased July 28 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 17 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant Jess Brannon

(b) Address Prudish Town mo

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Randell Mitchell

(b) Address Paragould Ark

19. (a) Aug 16-1941 (b) m g moon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....
(c) City or town Cardwell
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

S-31476 1941