

DEPARTMENT OF COMMERCE

FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

35825

Registration District No.

713

Primary Registration District No.

5-94-2

Registrar's No.

1. PLACE OF DEATH:

- (a) County Pulaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(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

8. (a) PRINT FULL NAME INA WILMA BRANDON

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Oct 1 1941  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Earl Brandon  
13. Birthplace Waynesville Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilma Edwards  
15. Birthplace Waynesville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Brandon

(b) Address Waynesville, Mo

17. (a) \_\_\_\_\_ (b) Date thereof 11-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iduma Cem

18. (a) Signature of funeral director None

(b) Address \_\_\_\_\_

19. (a) 11/2/41 (b) CPD, alt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 8-5

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-1  
\_\_\_\_\_, 1941, to 11-1, 1941;  
that I last saw her alive on 10-1, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
(Lobar)

Due to Premature, Dehydration due to starvation

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature Ralph O. Smith (M. D. or other) DO

Address Waynesville Date signed 11-2-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Pulaski County Health Officer

File Number 1141-60

Date Filed 11-6-41

---

---

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 \_\_\_\_\_, 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, above space should be left blank.