E. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 94 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6887

Registration District No. 94942 Primary Registration District No. 2002 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns; (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours. (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL.") 2

(d) Street No. 1830 Murphy Ave; (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME Missouri M. Branham.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem. 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife E.H. Branham

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

7. Birth date of deceased April 24, 1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Cassville Mo; (City, town, or county) (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name George Beck. 1
13. Birthplace Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dillon
15. Birthplace Kentucky. (City, town, or county) (State or foreign country) 1

16. (a) Informant Miss L. Branham

(b) Address 1830 Murphy Ave. Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hurlbut Und Co;

(b) Address Joplin Mo

19. (a) 3-2-42 (Date received local registrar) (b) G Sudhoether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 28 day 1942 year hour 12-15 P.M. minute M.

21. I hereby certify that I attended the deceased from Feb 27, 1942, to Feb 28, 1942 that I last saw her alive on Feb 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	??
Due to arteriosclerosis	??
Due to	
Other conditions Mitral Insufficiency (Include pregnancy within 3 months of death)	

PHYSICIAN 1

Major findings:
Of operations
Of autopsy 94a

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 0

23. Signature A. L. Crawford (M. D. or other)

Address Joplin Date signed 3-2-42

1204

(Licensed Embalmer's Statement on Reverse Side)

-927
-5-42

MAR 5 194

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: Steve D. Parker

Licensed Embalmer No. 2348

P. O. Address Joplin 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.