

Registration District No. **609**

Primary Registration District No. **4363**

Registrar's No. **84**

73
2050

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

1. PLACE OF DEATH

(a) County: **NEWTON**

(b) City or town: **NEOSHO**

(c) Name of hospital or institution: **SALE-BOWMAN HOSPITAL**
(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: **JANICE JOYCE 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: **Single**

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

7. Birth date of deceased: **Oct 6 1940**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	8	22	_____ hr. _____ min.

9. Birthplace: **ODESSA TEXAS**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Infant**

11. Industry or business _____

12. Name: **John Branham**

13. Birthplace: **Fort Smith Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name: **Jeanette Harvel**

15. Birthplace: **Fayetteville Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address: **Neosho Missouri**

17. (a) **BURIAL** (b) Date thereof: **JUNE 29 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Gibson Cemetery**

18. (a) Signature of funeral director: **[Signature]**

(b) Address: **Neosho Missouri**

19. (a) **7-10-1942** (b) **Carley Thompson**
(Date received local registrar) (registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MISSOURI** (b) County: **NEWTON 73**

(c) City or town: **NEOSHO RURAL 0**
(If outside city or town limits, write "RURAL")

(d) Street No.: **ROUTE 1 0**
(If rural, give location)

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

If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **28**
year **1942** hour **11** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **June 15th**
1942 to **June 28** **1942**
that I last saw her alive on **June 28** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Heart-**

Due to: **Coronary Malformation**

Due to: _____

Other conditions: **asthma, Tuberculosis & Broncho-pneumonia**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: **none**

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: **0**

23. Signature: **Melvin P. Bowman M.D.**
Address: **Neosho, Mo** Date signed: **June 29 1942**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 742-1024

Date Filed JUL 16 1942

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

G. L. Stone Jr.

Licensed Embalmer No. 4126

P. O. Address

Trusko 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.