

3. No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21935**
Registrar's No. **39**

FILED JUL 10 1943

Registration District No. **5864**

1. PLACE OF DEATH:

(a) County **Demise**
(b) City or town **Rural Hartsville, Miss**
(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 **5 yrs**
In this community **5 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mississippi** (b) County **Demise**
(c) City or town **Rural**
(d) Street No. **Concord Township**
(e) Citizen of foreign country? **0**
If yes, name country

3. (a) PRINT FULL NAME **ANDERSON BRANCH**

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

4. Sex **Male** 5. Color or race **Col.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **May Branch**
6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **Dec 2 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	6	18	hr. min.

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

10. Usual occupation **farm work**

11. Industry or business **Cotton farm**

12. Name **Hartell Branch**

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

14. Maiden name **May Ann Ruff**

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

16. (a) Informant **Bulfinch Thomas**

(b) Address **Swift - 770**

17. (a) **Burial** (b) Date thereof **6-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Swift - 770**

18. (a) Signature of funeral director **Smith & Hill**

(b) Address **Hart - 770**

19. (a) **6-21-42** (b) **Mrs. O. D. Shirey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1942** hour **8** minute **P.M.**

21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw h... alive on 19...
and that death occurred on the date and hour stated above

Immediate cause of death **Probably acute indigestion died without medical attention**

Other conditions: **11813**
(Include pregnancy within 3 months of death)

Major findings: **11813**
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?

23. Signature **Julius L. Moore** (M. D. or other)
Address **Hart, Mo** Date signed **6/21/42**

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

78
00

1214

(Licensed Embalmer's Statement on Reverse Side)

7-42-5

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.