

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED NOV 6 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Levee 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 28 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 1601 Valley St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Maeoline Branham

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 8
1942 to Oct 10 1942
that I last saw her alive on Oct 10 1942
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased 7 ch. 9 1902
(Month) (Day) (Year)

Immediate cause of death:
Chronic Myocarditis
Chronic Nephritis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
40 8 1 - hr. - min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Gordon

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas L. Branham
(b) Address 1601 Valley, Hannibal, Mo.

17. (a) Burial (b) Date thereof 10-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside B Pl

18. (a) Signature of funeral director Rex P. Schwartz
(b) Address 1002 Parkway, Hannibal, Mo.

19. (a) Oct 12 42 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 1318

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 R. H. Connor (M.D. or other) MD
Address Hannibal, Mo. Date signed 10-12-42

1146

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

67
3
9

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..... *Roy P. Schwartz*

Licensed Embalmer No..... *1765*

P. O. Address..... *1001 Edwy, Hannibal, 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.