

37564

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1942

Registration District No. 267

Primary Registration District No. 5758

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural - Miller
(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)

3. (a) PRINT FULL NAME Letha Josephine Branson

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 Widowed
6. (b) Name of husband or wife Thomas Franklin Branson 6. (c) Age of husband or wife if married years
7. Birth date of deceased. 7 (Month) 20 (Day) 1881 (Year)

8. AGE: Years Months Days If less than one day
61 3 15 hr. min.

9. Birthplace Miller County 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name McMinn
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Rowden
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearlle Kelly
(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 11-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) Nov 9, 1942 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dixon, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5
year 1942 hour 12 minute 5 AM.

21. I hereby certify that I attended the deceased from 11-4 1942 to 11-6- 1942
that I last saw her alive on 11-4- 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia

Due to 1140
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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?

(Specify type of place)
While at work? (c) Means of injury
23. Signature Erma Bassett (M. D. or other)
Address Dixon, Mo Date signed 11-9-42

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

MOTHER FATHER

1076

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.....

Was Not Embalmed
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Fred D. Gilbert

Licensed Embalmer No. *2341*

P. O. Address *Six on 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.