

FILED JAN 11 1948 3

Registration District No.

Primary Registration District No. 5140

Registrar's No. 413

1. PLACE OF DEATH:

(a) County Butler

(b) City or town "rural" Epps Twp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

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

(d) Street No. Rt 1 Poplar Bluff
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Merry Christmas Brannon

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 0

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

7. Birth date of deceased Dec. 25 1942
(Month) (Day) (Year)

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

9. Birthplace Butler Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Matthew H. Brannon

13. Birthplace Gaston Ala. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lula May Harrison

15. Birthplace Cherokee Ala. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Brannon (mother)

(b) Address Poplar Bluff R 1 Box 1

17. (a) burial (b) Date thereof Dec. 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Three Springs Cemetery

18. (a) Signature of funeral director John Roy

(b) Address Poplar Bluff Mo

19. (a) 12-31-42 (b) Belle Ruth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1942 hour 2 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from birth
Dec. 25 (a.m.) 1942 to Dec. 25 (p.m.) 1942;
that I last saw her alive on Dec. 25 10 a.m. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death poor heart action from birth

Due to pre natal complication

Other conditions (include pregnancy within 3 months of death)
Information given by

Major findings:
- Of operations (Mrs. Cecil Burton)
- Of autopsy midwife

Duration _____

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)

(c) Means of injury midwife

23. Signature Mrs Cecil Burton (M. D. or other) _____

Address Poplar Bluff Date signed _____

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

MOTHER FATHER

RECEIVED
District Health Office No.
District File Number 143-23
Date Filed 1-4-43

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 *not embalmed*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40319

Registration District No. 43

Primary Registration District No. 5140

Registrar's No. 413

1. PLACE OF DEATH:

(a) County Bullitt
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Marye C Brannon

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Dec 25 - 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ if less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Matthew H Brannon

13. Birthplace ala (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Lula M Harrison (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I or my h. _____ live on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pres natal heart action
Due to Pres natal compli-
cations
Due to _____

Other conditions Unknown - Very weak at birth & heart action not normal
(Include pregnancy within 3 months of death)
Major findings voice of midwife in attendance
Of operation _____
Of autopsy 158

Duration _____
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 Bulle Kirne (M. D. or other) _____
Address Coplar Bluff Date signed 2/20/42

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

SUPPLEMENTARY

