

FILED JAN 3 1944/49

Registration District No.

Primary Registration District No.

1002

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

1. PLACE OF DEATH:

(a) County Jackson City, Mo
(b) City or town Jackson City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Saint Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 91 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Lena Brannum

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

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

6. (b) Name of husband or wife George Brannum 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Nov 10 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Stratton Pritchett

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Endicott
(b) Address 14406 Traces

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 18 43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director James Mayberry
(b) Address 2312 - Linwood

19. (a) 12-18-43 (Date received local registrar) (b) P. C. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Jackson City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5914 W. 1st
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Nov
year 1943 hour 5 ³⁰/_{am} minute M.

21. I hereby certify that I attended the deceased from Nov 25, 1943 to Dec 16, 1943.

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia Duration 19 days

Due to myocardiasis years

Due to 108

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? While at work (Specify type of place) (e) Means of injury

23. Signature Dr. James O. Springer (M. D. or other) Address 1422 Bryant Bldg Date signed 12 17 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..... *Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address..... *R E Snow*

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.