

FILED MAY 4 1944

Registration District No. 284

Primary Registration District No. 5975

Registrar's No. 5

1. PLACE OF DEATH

(a) County Falk  
(b) City or town Sentinel Rural (St. Charles)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 1/2 N. W. Sentinel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME J. M. Brannon  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha E. Brannon 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Mar. 3, 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Newton Brannon  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Pitts  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lee Brannon  
(b) Address Sentinel, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Autoch. Cemetery

18. (a) Signature of funeral director Erwin Blue  
(b) Address Bohvar, Mo.

19. (a) 4/2/44 (Date received local registrar) (b) Martha E. Brannon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Falk  
(c) City or town Sentinel Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 miles N.W. of Sentinel  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1944 hour 8:05 minute 20 M.

21. I hereby certify that I attended the deceased from March 29 to March 31, 1944 that I last saw him alive on March 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: 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? \_\_\_\_\_

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

23. Signature Doyle E. McCraw (M. D. or \_\_\_\_\_)  
Address Bohvar, Mo. Date signed 4/5/44

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 4-44-546

Date Filed 5-2-44

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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 Willard R. Erwin

Licensed Embalmer No. 3092

P. O. Address Polina, 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.**