

FILED SEP 14 1944

Registration District No. 157

Primary Registration District No. 5586

State File No. _____

Registrar's No. 188

28075

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural--Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 70 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Branche Werner

3. (b) If veteran, name war No
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Bernard B. Werner
6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased August 18 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 29
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name J. T. Yancey

13. Birthplace Oxford N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Parker

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

16. (a) Informant Mrs. Frances Hubbard

(b) Address Route 2, Carthage, Mo.

17. (a) Burial (b) Date thereof Aug 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Aug 19 '44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 812 S. Fulton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 13, 1944, to Aug 17, 1944
that I last saw her alive on Aug 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Duration 48 hrs.
Due to Ch. myocardial year

Due to _____
Other conditions (include pregnancy within 3 months of death) 92d

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? _____ (e) Means of injury ⊙

23. Signature John W. Knell (M. D. or other) _____
Address Carthage Date signed 8-19-44

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

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

44-8-704

028

MAR 11 1958

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 Leroy Kneel-Bucknell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.