

FILED MAR 13 1945

Registration District No. 42

Primary Registration District No. 2007

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joanna Frances Brandon

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 J. M. Brandon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 14 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Stoddard County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Johnson Norman
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Christina Fields
15. Birthplace No. Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harlan Miller
(b) Address St. Louis, Mo.

17. (a) Removal (b) Date thereof 1-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 2-7-45 (b) Belle Jensen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1945 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 13 1945 to Jan 29 1945
that I last saw her alive on Jan 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage due to carcinoma of liver Duration _____

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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 work) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 2-4-45

RECEIVED

District Health Office No. 2,

District File Number 345-363

Date Filed 3/8/45

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 _____

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.