

Registration District No. **267**

Primary Registration District No. **5902**

1. PLACE OF DEATH:

(a) County **PEMISCOT**
(b) City or town **HAYTI RURAL** *Hayti rural*
(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 **SEVEN MONTHS**
In this community **SEVEN MONTHS**
years, months or days

3. (a) PRINT FULL NAME **BRANCH JERDINE**

3. (b) If veteran, name war **NO**
3. (c) Social Security No. **427-10-4650**

4. Sex **MALE** 5. Color or race **COL.**
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **DELPHIE JERDINE**
6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased: (Month) (Day) (Year)
unknown

8. AGE: Years **ABOUT 62** Months Days If less than one day
hr. min.

9. Birthplace **WEST POINT MISS.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business **CROP FARMING**

MOTHER FATHER {
12. Name **BRANCH JERDINE**
13. Birthplace **UNKNOWN**
14. Maiden name **JUDIE HARRIS**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **DELPHIE JERDINE**

(b) Address **HAYTI R 1 Bx 127 Mo.**

17. (a) **REMOVAL** (b) Date thereof **2/13/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WEST POINT MISS.**

18. (a) Signature of funeral director **VALHALLA FUNERAL HOME**

(b) Address **HAYTI MO.**

19. (a) **2432-1945** (b) **SAJolan 2015 D-37**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PEMISCOT**
(c) City or town **HAYTI 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **10**
year **1945** hour **8** minute # **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

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

Immediate cause of death **DROWNED**
THIS MAN HAD BEEN SICK FOR SEVERAL MONTHS AND FELL INTO A ROAD DITCH AND DROWNED BEFORE HELP COULD GET TO HIM.

Due to _____

Due to _____

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **ACCIDENT**

(b) Date of occurrence **FEB. 10 1945**

(c) Where did injury occur? **PEMISCOT MO.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **PUBLIC ROAD**

While at work **NO** (Specify type of place) Means of injury

23. Signature **Jack Kelley** 3 (M.D. or CORONER)
Address **HAYTI MO.** Date signed **2/11/45**

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

2-45-36

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 Jack Kelly
Licensed Embalmer No. 3788
P. O. Address Hayti ms

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.