. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30284

FILED OCT 10 1945

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 275

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Vanduser 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME ALTA BRANAM

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

4. Sex Femdl
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Oct 19 (Month) 1905 (Day) (Year)

8. AGE: Years 39 Months 8 Days 27 If less than one day hr. min.

9. Birthplace — (City, town, or county) Ky 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Harlan Reed
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)
MOTHER
14. Maiden name Ada Rowe
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant Claude Branan
(b) Address Vanduser Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Carpenter Cemetery
18. (a) Signature of funeral director Welch Funeral Home
(b) Address Sikeston Mo
19. (a) 9-5-45 (Date received local registrar) (b) H. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1945 hour 9 minute 10 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.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Chronic Myocarditis	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature Dr. J. F. Sigmund Coroner (M.D. or other)
Address Jackson Mo Date signed 9/5/45

1014

(Licensed Embalmer's Statement on Reverse Side)

2D

District Health Officer No. 4

District File Number 104 S-1141

Date Filed: 10-6-45

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 Raymond Lewis

Licensed Embalmer No. 347

P.O. Address Sikeston 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.