

FILED NOV 17 1945

Registration District No.

Primary Registration District No. 4107

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town El Dorado Spgs Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community 2 yrs. years, months or days

3. (a) PRINT FULL NAME HARRY LOU BRANNAN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie Brannan 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Dec 4 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Chalk Level Mo. (City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business

12. Name Samuel Brannan  
13. Birthplace Belle Fourche Ark. 1 (City, town, or county) (State or foreign country)  
14. Maiden name Hannah Jane Brannan  
15. Birthplace Knoxville Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Brannan  
(b) Address El Dorado Spgs Mo

17. (a) City burial (b) Date thereof Oct. 21-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. El Dorado Spgs

18. (a) Signature of funeral director Helen Funeral Home

(b) Address El Dorado Spgs Mo

19. (a) 10/22/45 (b) H Brannan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 2  
(c) City or town El Dorado Spgs 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 214 W. Martin (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1945 hour 8 minute 10 AM

21. I hereby certify that I attended the deceased from Jan 10 1944 to Oct 17 1945 that I last saw him alive on Oct 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Angina Pectoris

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)

(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 L. J. Dunaway (M.D. or other)

Address El Dorado Spgs Mo Date signed 10/22/45

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

1635

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1947

RECEIVED  
D. ...  
Date Filed 10-45-1120  
11-16-45

### 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 George W. Mofus

Licensed Embalmer No. 2753

P. O. Address El Dorado Springs, 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.**