

FILED DEC 28 1945

State File No.

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

5063

## 1. PLACE OF DEATH:

(a) County Jackson,  
 (b) City or town Kansas City,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Luke's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
 In this community as above (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mildred Branham,3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Leroy Branham 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased: May 25 1925  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 6 13 hr. 0 min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation at home,  
X

11. Industry or business

MOTHER FATHER { 12. Name Archie Beason  
 13. Birthplace Missouri (State or foreign country)  
 14. Maiden name Dollie Lyons  
 15. Birthplace Missouri (State or foreign country)

16. (a) Informant Leroy Branham,  
 (b) Address Nevada, Missouri,  
removal (b) Date thereof 12-9-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Missouri  
 18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-10-45 (b) Steraldine Holmes  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 108  
 (c) City or town Nevada 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. X 2  
 (If rural, give location)  
 (e) Citizen of foreign country? no. 1 (Yes or No)  
 If yes, name country X

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th  
 year 1945 hour 7 P.M. minute - M.

21. I hereby certify that I attended the deceased from Nov 26 1945, to Dec 8 1945  
 that I last saw him alive on and that death occurred on the date and hour stated above. 19

Immediate cause of death: nephrosis & acute nephritis  
 Due to post operative complication  
 Due to

Other conditions: 130  
 (Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis R. hyp. PHYSICIAN

Of autopsy Confirmed above diagnosis  
 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 0  
 23. Signature Ray L. Durling (M. D. or other)  
 Address 1400 Professional Bldg. Date signed Dec 10-45

Drs. Dixon and Diveley

*Prof. Blake*

FEB 23 1948

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

*[Handwritten Signature]*  
Licensed Embalmer No. 1415  
P. O. Address K. G. M.

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.