

FILED FEB 11 1948

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 40

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Bonne Terre, R-1 Perry Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH BRANTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan. day 22nd
year 1946 hour 5 minute 30 P. M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Charles Branton

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan. 14 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17th 1946 to Jan 22 - 1946
that I last saw alive on Jan 20 - 1946
and that death occurred on the day and hour stated above.

8. AGE: Years 77 Months 0 Days 8
If less than one day hr. _____ min. _____

Immediate cause of death Chronic Myocardial Infarction
Duration 2 yrs

9. Birthplace St Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Due to _____

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Nezie Pullen

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Loizan Reeder

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations 12/2

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Gus Black

(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof Jan. 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Bentham Co

(b) Address 312 Benton Bonne Terre Mo

19. (a) Jan 21 1946 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

While at work? _____

23. Signature J. J. Emmons (M. D. or other) _____
Address Bonneterr Mo Date signed 1-26-46

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

1897

RECEIVED

District Health Officer No. 4
District File Number 246-1720
Date Filed 2-8-46

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

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Boone Lane 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.