

FILED JAN 7 1947
Registration District No. **149**

Primary Registration District No. **1002**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 DAYS** (Specify whether
In this community **35 YRS.** years, months or days)

3. (a) PRINT FULL NAME **RHODA BRANCH**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **Unk.**

4. Sex **FEMALE** 3 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **Dan Branch** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **SEPTEMBER 3, 1893**
(Month) (Day) (Year)

8. AGE: Years **53** Months **3** Days **18** If less than one day
hr. min.

9. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **GEORGE WASHINGTON**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **GOLDIE VANCE (FRIEND)** 1
(b) Address **217 COTTAGE LANE**

17. (a) **Burial** (b) Date thereof **12/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Watkins**

(b) Address **1429 Lydia Avenue**

19. (a) **12-26-46** (b) **Gertrude Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON** 48
(c) City or town **KANSAS CITY** 3
(If outside city or town limits, write "RURAL")
(d) Street No. **803 PACIFIC** 8
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **21**,
year **1946** hour **10**: minute **45 P. M.**
21. I hereby certify that I attended the deceased from **DECEMBER**
15, 19 **46**, to **DECEMBER 21**, 19 **46**
that I last saw h. **ER** alive on **DECEMBER 21**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease with Decompensation**

Due to
Due to
Other conditions **Aortic Aneurysm (non-l.)**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **96**

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? (a) Means of injury

23. Signature **Frank** (M. D. or other) **M. D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **12/23/46**

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

10M9 1947

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 *D. J. Manlove*
Licensed Embalmer No. *5994*
P. O. Address *2503 Highland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.