

FILED MAY 15 1947

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 25

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: E. CALDWELL ST. /
(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 Mo (b) County MONROE 69
(c) City or town PARIS (If outside city or town limits, write "RURAL") 3
(d) Street No. E. CALDWELL ST. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21
year 1947 hour 12:00 Noon minute _____ A.M.
21. I hereby certify that I attended the deceased from Mar 21
1947 to March 21 1947
that I last saw him alive on March 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Stomach and Bowel
dysentery Duration _____

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

Major findings: Of operations _____
Of autopsy 157
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? _____

While at work? (Specify type of place) (a) Means of injury _____
23. Signature Edbert Baker M.D. (M.D. or other) _____
Address PARIS, Mo Date signed 3-21-47

3. (a) PRINT FULL NAME DONALD RAY BRANHAM
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex MALE (1) 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: MAR 21, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 hr. 50 min.

9. Birthplace PARIS Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS BRANHAM
13. Birthplace MONROE Co., Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name CALLIE ERENE WOOD
15. Birthplace MONROE Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant THOS. BRANHAM
(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof MAR. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blakey
(b) Address PARIS Mo.

19. (a) 3-29-47 (b) Edbert Baker M.D.
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. _____
District File Number _____
Date filed **MAY 14 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.

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address **Paris, Missouri.**

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.