

FILED JUL 26 1947

Registration District No. _____

Primary Registration District No. 4678

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Hallsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 2 months

3. (a) PRINT FULL NAME

Joseph Brando

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race W

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 July 9

(Month)

(Day)

1932
(Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace

St. Louis
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation

School Child

Child

11. Industry or business

MOTHER FATHER

12. Name unknown 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Fred Fayard

(b) Address

627 Calen Ave. St. Louis 11

17. (a) Removal

Removal

(b) Date thereof

June 21 47
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

R. O. Whelshel

(b) Address

Branson

19. (a) 6-25-47

(Date received local registrar)

(b) S. E. Corwell

(Registrar's signature) 276

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Janey
(c) City or town Hallsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1947 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 21
4 7 19 June 21 - 27 19 47
that I last saw him immediately June 21 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death

Drowning
Due to drowning in Lake Taney

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

Major findings:

Of operations none
Of autopsy none

Duration

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) accident 106
(b) Date of occurrence June 21 - 1947
(c) Where did injury occur? Holliday, Janey MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
an lake Janey came

While drowning (Specify type of place)
(e) Means of injury drowning

23. Signature J. Harry Fayard (M. D. or other)

Address Branson Mo Date signed 6-21-47

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

RECEIVED

DEC 28 1947

District Health Officer No. 67

District File Number 747-790

Date Filed JUN 23 1947

JUL 29 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 *Minnie L. Wheeler*

Licensed Embalmer No. *2277*

P. O. Address *Branson 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.