

No. 2
12-45
17-39
X47070

FILED NOV 6 1947 376

Registration District No.

Primary Registration District No. 1282

Registrar's No.

1. PLACE OF DEATH:

(a) County Height

(b) City or town Norcross
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: blank Rwp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Height

(c) City or town mtu Grove
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no.

3. (a) PRINT FULL NAME Ida Emma Branson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 19
year 1947 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from oct 10 to oct 19
that I last saw her alive on oct 19 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alfred Preston Branson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 7, 1868
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration Friday

Due to Arteriosclerosis

8. AGE: Years 79 Months 8 Days 12 If less than one day _____ hr. _____ min.

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

Due to _____

Other conditions Diabetes
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm F. Jones

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

14. Maiden name unknown 7

15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 10-18

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

16. (a) Informant Oma Sanders

(b) Address Mtn. Grove, Mo.

17. (a) Burial (b) Date thereof 10/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Wm Barber

(b) Address Mtn. Grove, Mo.

19. (a) 11-17-47 (b) MAS A.R. Washburn
(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) _____ 114

(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) (e) Means of injury _____

23. Signature L. J. ... (M. D. or other) _____
Address ... Date signed 10/29 1947

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6;
District File Number 1142-1164
Date Filed NOV 4 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 J. J. Clary, Registered Apprentice No. 453,
working under my personal supervision.

Signed Russell Barber
Licensed Embalmer No. 3848
P. O. Address New Hope, Md.

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.

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Newwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Ida E. Benson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 7
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days _____ (Less than one day _____ hr. _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-17-47 (b) Ms. A. R. Warshaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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) (e) Means of injury _____

Signature _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY

S-36918