

FILED FEB 3 1948

Registration District No. 35

Primary Registration District No. 6191

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Long Beach MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community all of life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME SYLVIA MAY BRANSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Galba Branson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 10 1888  
(Month) (Day) (Year)

8. AGE: Years 59 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Geo Anderson

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

14. Maiden name Esther Long

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

16. (a) Informant Galba Branson

(b) Address Branson MO

17. (a) Rural (b) Date thereof Sept 19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cal. Stone Cemetery

18. (a) Signature of funeral director R. O. Wheelshel  
(b) Address Branson MO

19. (a) 1-21-48 (b) E. Copwell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jamez  
(c) City or town Long Beach - MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? U.S.A (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18<sup>th</sup>  
year 1947 hour 10 minute a

21. I hereby certify that I attended the deceased from Sept 15<sup>th</sup> 1947 to Sept 18<sup>th</sup> 1947  
that I last saw him alive on Sept 17<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

(a) Brain Hemorrhage

Due to (b) Arterio Sclerosis -

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Harry P. Turner (M. D. or other) MO  
Address Rockaway Beach, MO Date signed 9/18/47

RECEIVED  
District Health Officer No. 6,  
District File Number 148-163  
Date Filed JAN 30 1948

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. Whelan*

Licensed Embalmer No. *2277*

P. O. Address *Brunson 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.