S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15211

Registration District No. 360 — Primary Registration District No. 3076 — Registrar's No. 82

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Several years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada (If outside city or town limits, write "RURAL")
(d) Street No. 504 South Spring (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lillian Branaman
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fml
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife Thomas Branaman
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August (Month) 14 (Day) 1868 (Year)

8. AGE: Years 79 Months 8 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Cooper Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Andrew J. Hecker
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Hilliard
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Fred F. Harris
(b) Address 604 South Spring
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 1 (Day) 1948 (Year)
(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Missouri
19. (a) 5-5-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 221

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May, 1944 to April 6, 1948 that I last saw her alive on April 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive heart disease	4 yrs
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia	4 da.

Major findings:
Of operations ✓
Of autopsy 93 P

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? (e) Means of injury

23. Signature F L Martin (M. D. or other) MD
Address Nevada Mo Date signed 5-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-48-476
Date Filed 5-7-48

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 .....

Licensed Embalmer No. 1960

P. O. Address Verdi Nev

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.