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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37016

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 211

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: JACKSON COUNTY HOME 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 8 days (Specify whether

In this community 10 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3 (If outside city or town limits, write "RURAL")

(d) Street No. 16 E 34 ST. Terrace 8 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME RITA BRANNIN

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec. (Month) 1 (Day) 1879 (Year)

8. AGE: Years 69 Months 11 Days 27 If less than one day hr. min.

9. Birthplace BATON ROUGE (City, town, or county) LOUISIANA (State or foreign country) 1

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name NO RECORD
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NO RECORD
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant JACKSON CO. HOME RECORDS

(b) Address RR# 4, INDEP. MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND CEMETERY JOHNSON COUNTY KAS.

18. (a) Signature of funeral director THOS E QUINK

(b) Address K.C. MO. — 4316 TROOST

19. (a) NOV. 30, 1948 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 27 R

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 28 year 1948 hour 6:00 minute R M.

21. I hereby certify that I attended the deceased from 11-20, 1948 to 11-28, 1948 that I last saw her alive on 11-28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature J W Greene (M. D. or other) 11-29-48

Address Independence Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Lu

Licensed Embalmer No. 3775

P. O. Address R. C. Me

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.