

FILED DEC 2 1948

Registration District No. 297

Primary Registration District No. 5996

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural Union Tmp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Unionville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Anise May Branscom

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife James Branscom 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 30 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home Work

11. Industry or business _____

12. Name John Wood

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

14. Maiden name Rebecca Jett

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

16. (a) Informant Guy Branscom

(b) Address Unionville, Mo.

17. (a) Burial (b) Date thereof Nov. 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Home Ceme.

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville, Mo.

19. (a) 11-26-48 (b) Marvell Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1948 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from Oct. 19 48 to Nov. 7 48
that I last saw h. u. alive on Nov. 7 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 107

Of autopsy _____

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 L

23. Signature P. W. McDonald (M. D. or other) MD

Address Unionville, Mo. Date signed 11-11-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-48-205

Date Recd NOV 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.....

FO Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.