No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948/49
Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40029

Registrar's No. 4973

1. PLACE OF DEATH:

(a) County: JACKSON

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

(c) Name of hospital or institution: 410 WEST 33rd STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: ABOUT 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

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

(d) Street No.: 410 WEST 33rd STREET (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM D. BRANNON

3. (b) If veteran, name war: NO

3. (c) Social Security No.: 486-10-7480

4. Sex: MALE D

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ANNE B. BRANNON

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

7. Birth date of deceased: JUNE (Month) 10 (Day) ~~1889~~ 1888 (Year)

8. AGE: Years 60 Months 5 Days 25 If less than one day hr. min.

9. Birthplace: AURORA (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation: WHOLESALE PLUMBING HEATING SUPPLIES (OFFICE)

11. Industry or business:

FATHER 12. Name: PATRICK BRANNON

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

MOTHER 14. Maiden name: MARY DOBEL

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

16. (a) Informant: MRS. ANNE B. BRANNON

(b) Address: 410 WEST 33rd STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation: MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director: J. F. O'Donnell Co.

(b) Address: 3256 BROADWAY

19. (a) 12-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 5 year 1948 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 26, 1948 to Dec 5, 1948 that I last saw him alive on Dec 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 week
Due to: Arteriosclerotic cardiovascular renal disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Colitis	

Major findings:
Of operations: 3/a
Of autopsy:

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: Jos. W. Parker Jr. (M. D. or other)

Address: 915 Argyle Bldg. Date signed: 12-6-48

(Licensed Embalmer's Statement on Reverse Side)

JOSEPH W. PARKER
ARGYLE BLDG.

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

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.