

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

567

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>13</u>						
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
a. COUNTY <u>Cedar</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Mfg</u>		a. STATE <u>MO</u>		b. COUNTY <u>Geeshen 118</u>						
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4037 Bellfontaine</u>		1						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>King rooming home. 1</u>				d. STREET ADDRESS (If rural, give location) <u>4037 Bellfontaine</u>								
3. NAME OF DECEASED (Type or Print) <u>CLAUD L. BRANNON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 - 49</u>									
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	5. DATE OF DEATH (Day)	6. DATE OF DEATH (Year)							
5. SEX <u>Male O</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>Oct 29 - 1890</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>		11. BIRTHPLACE (State or foreign country) <u>Louisy City Mo O</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						
13a. FATHER'S NAME <u>Sam Brannon</u>			13b. MOTHER'S MAIDEN NAME <u>Hanna White</u>			14. NAME OF HUSBAND OR WIFE <u>Mary E. Brannon</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Brannon</u>		ADDRESS <u>4027 BELLFONTAINE KANSAS CITY, MO</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 3/4 mos.</u>				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure.</u>				II. OTHER SIGNIFICANT CONDITIONS <u>780</u>								
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NO</u>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NO</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NO</u>								
22. I hereby certify that I attended the deceased from <u>28 Aug 1948</u> , to <u>27 Jan 1949</u> , that I last saw the deceased alive on <u>26 Jan 1949</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>John J. Hill M.D.</u>				23b. ADDRESS <u>El Dorado Springs, Mo</u>				23c. DATE SIGNED <u>28 Jan. 49.</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Mfg MO</u>							
DATE REC'D BY LOCAL REG. <u>1-28-49</u>		REGISTRAR'S SIGNATURE <u>George W. Nafus</u>		418		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nafus Funeral Home</u>		ADDRESS <u>El Dorado Mfg.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED

District Health Officer No. 7

District File Number 12-48-1686

Date Filed 1-31-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George W. Naples

Licensed Embalmer No. 2752

P. O. Address El Dorado Spgs.

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.