

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 662

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>45</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>510 Mulberry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 Mulberry</u>				d. STREET ADDRESS (If rural, give location) <u>510 Mulberry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Belle</u> c. (Last) <u>Brannan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct 10 1888</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Freeburg, Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>Freeburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jack Curtiss</u>			
13a. FATHER'S NAME <u>Jack Curtiss</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE (Dec) <u>James H. Brannan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Archie Bowman-Jeff City</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized and Cerebral Arteriosclerosis 2 yrs.</u> ANECEDENT CAUSES DUE TO (b) <u>Fractured Hip</u> DUE TO (c) <u>Fractured Wrist</u> II. OTHER SIGNIFICANT CONDITIONS <u>C 904</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>July 1948</u> <u>JAN 9, 1948</u>
19a. DATE OF OPERATION <u>12/6/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Non-Union - Fracture Neck of Femur</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 4 1948 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on Street.</u>			
22. I hereby certify that I attended the deceased from <u>Nov 27</u> , 1948, to <u>JAN 20</u> , 1949, that I last saw the deceased alive on <u>JAN 24</u> , 1949, and that death occurred at <u>10:15</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marshall W. Kelly M.D.</u>			23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>1/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 27 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>River View</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28 -49</u>		REGISTRAR'S SIGNATURE <u>R. P. Darrin M.D. 68</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Service - 200 Jefferson</u>			

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

FEB 3 1949

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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.

Signed..... *J. H. Anderson* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3641* .....

P. O. Address *Jama* .....

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. .