

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29599

BIRTH NO. _____		REG. DIST. NO. 61		PRIMARY REG. DIST. NO. 4107		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>El-Dorado Springs</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>El-Dorado</u>			
c. LENGTH OF STAY (in this place) <u>1 yr</u>				d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beck's Nursing Home</u>							
3. NAME OF DECEASED (Type or Print) <u>HANNA JANE BRANNAN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 9, 1859</u>	
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR Months _____ Days _____		11. BIRTHPLACE (State or foreign country) <u>Knoxville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry White</u>		13b. MOTHER'S MAIDEN NAME <u>Mat. Known</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gack Brannan El-Dorado</u> ADDRESS <u>Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>x</u> DUE TO (c) <u>x</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____		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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11:25 p.m.</u> , 19 <u>49</u> , to <u>1 p.m.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 23</u> , 19 <u>49</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Brannan</u> (Degree or title) _____				23b. ADDRESS <u>El-Dorado</u>		23c. DATE SIGNED <u>9/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El-Dorado Springs</u>		24d. LOCATION (City, town, or county) (State) <u>El-Dorado Springs, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/28/49</u>		REGISTRAR'S SIGNATURE <u>L. E. Knowlton</u>		FUNDAL DIRECTOR'S SIGNATURE <u>James G. Greene</u> ADDRESS <u>Home, El-Dorado</u>			

RECEIVED

District Health Officer No. 7,

District File Number 9-49-117

Date Filed 10-3-49

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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 George W. Raper

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2752

P. O. Address A. Donato Raper

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.