

FILED SEP 14 1956 STANDARD CERTIFICATE OF DEATH

State File No. **27865**
Registrar's No. **120**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 4413		Registrar's No. 120				
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Pike		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frankford		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Frankford		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION R R 2 (Residence)				e. STREET ADDRESS (If rural, give location) R R # 2				0820		
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Ida Belle Branham			b. (Middle)			c. (Last)				
4. DATE OF DEATH August 25, 1956			5. SEX Female			6. COLOR OR RACE White				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH November 26, 1874			9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Withers Mill Missouri			12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Andrew Reno			13b. MOTHER'S MAIDEN NAME Mary (no record)			14. NAME OF HUSBAND OR WIFE George S. Branham (deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mrs. Otho McNary Frankford Missouri			ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive Heart Failure Cardiac Decomp. Hypertension *ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 Aug 10, 1956 , to Aug 25, 1956 that I last saw the deceased alive on Aug 25, 1956 and that death occurred at 11:00 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE E. P. Hanson			23b. ADDRESS DD 7 Frankford			23c. DATE SIGNED Aug 27, 56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/1956		24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Missouri		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. Sept 5, 1956		REGISTRAR'S SIGNATURE Bernice Callier			FUNERAL DIRECTOR'S SIGNATURE Wm. J. Smith		ADDRESS Hannibal Missouri			

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

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SEP 25 1956

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.....
Signature of Student Embalmer

Signed *W. Crawford Smith*.....

Licensed Embalmer No..... 3814.....

P. O. Address.. Hannibal, Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.