

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31195
Registrar's No. 3758

Registration District No. 399 Primary Registration District No. 1002

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

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 1428 Penn
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lena Lou Branson
8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard Branson 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Dec 23 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 4 If less than one day yr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Henry King
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Melissa Thrift
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Branson
(b) Address Jopoka Kansas

17. (a) Reinterment (b) Date thereof Sept 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rochester Cem, Jopoka Mo

18. (a) Signature of funeral director Wm C R Forster
(b) Address 718 Brooklyn W Cemo

19. (a) 9-29-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County _____
(c) City or town Jopoka Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 110-W-13 st
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 28 year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 12-4 to _____, 19____
that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Uterine carcinoma of uterine cervix & extensive metastasis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 50
Major findings: Of operations _____
Of autopsy yes

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm C R Forster (M. D. or other) _____
Address 718 Brooklyn W Cemo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *Russell C. Brinning*

Licensed Embalmer No. *2724*

P. O. Address *R. C. no*

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, above space should be left blank.