

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32275

OCT 10 1940

44

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1915 Empire St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1915 Empire St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME Margaret Anna Brammer

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 20, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 22 hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Brennan

18. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Bridget Brennan

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edmund Genereaux

(b) Address Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Agnes Cem. Pierce City

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 9-12-40 (Date received local registrar) (b) Ed S. Jarrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th
year 1940 hour 2:45 minute AM M.

21. I hereby certify that I attended the deceased from Aug. 31
1940, 19 _____ to Sept. 11, 1940
that I last saw her alive on Sept. 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus - (history)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Leah L. Duff (M. D. or other) _____

Address Joplin, Mo. Date signed 11/2/40

Duration

270 (history)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin

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.