

FILED AUG 16 1941 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
4017 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 2 weeks (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Amanda Jane Branch

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John C. Branch 6. (c) Age of husband or wife if 15 1855
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name John Dunaway
13. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. D. Scott
(b) Address 4017 Madison

17. (a) Removal (b) Date thereof July 13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director W. W. Newcomer

(b) Address Paseo + Bush Creek K. C. Mo.

19. (a) 7-13-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Bourbon 999
(c) City or town Fort Scott 17
(If outside city or town limits, write "RURAL")
(d) Street No. 10 So. Barbee 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 1, 1941
to July 13, 1941
that I last saw her alive on July 12
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 2 day
Due to Cerebral Hemorrhage 6 week
Due to Hypertension 8 1/2
Other conditions Arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings: 826 PHYSICIAN
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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 Harold F. Handberg (M. D.)
Address 522 Poplar Date signed 7/13/41

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

SEP 22 1943

Dr. Flanders.
5515 Creatorswood

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: *George M. Collier*
Licensed Embalmer No. *3839*
P. O. Address *D.C. Mo.*

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.