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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 31092
Registrar's No. 941

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (U. R.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hospital 4 hours (Specify whether years, months or days)
In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL") 1
(d) Street No.: 701 So. 15th. St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Myrtle Maggie Branham
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Joseph L. Branham
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: April (Month) 29 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	29	hr. min.

9. Birthplace: Spring Valley (City, town, or county) Minnesota 1 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Hipes
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant: Joseph L. Branham
(b) Address: 701 South 15th. St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/ 1/ 41. (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St. St. Joseph, Mo.
19. (a) Sept 30 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 28 year: 1941 hour: 9 minute: 30 P. M.
21. I hereby certify that I attended the deceased from Sept. 28 1941 to Sept. 28 1941; that I last saw her alive on Sept. 28. 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	6 hr.
Due to: Coronary Heart Disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): 9 4 a	

Major findings:
Of operations: —
Of autopsy: Refused.

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: H. S. Conrad (M. D. ~~or other~~)
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed: 9-28-41

OS (Licensed Embalmer's Statement on Reverse Side)

Missouri.

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 Orly Foster

Licensed Embalmer No. 4154

P. O. Address St. Joseph, m

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.