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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35215

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
515 E. 9th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 6 years /

2. USUAL RESIDENCE OF DECEASED: 049
592
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 515 E. 9th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Luella Hickerson Branscomb

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

4. Sex Fem 3 5. Color or race B 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August 24, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Home duties

11. Industry or business _____

MOTHER FATHER { 12. Name Aaron Phifer

13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Smith

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

16. (a) Informant William Branscomb
 (b) Address Joplin, Mo.

17. (a) Removal (b) Date thereof Nov. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sapulpa, Okla.

18. (a) Signature of funeral director Shelby and Co.
 (b) Address Joplin, Mo.

19. (a) 11-3-41 (b) E. D. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 28
 year 1941 hour 10 PM minute 4 M.

21. I hereby certify that I attended the deceased from 10-18, 1941, to 10-25, 1941;
 that I last saw her alive on 10-25, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma left Breast
 Due to Metastasis to Mammary Intestine
 Due to Primary Left Breast
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 50
 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?
(Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature E. D. James (M. D. or other) _____
 Address Joplin, Mo. Date signed _____

3 1/2 (Licensed Embalmer's Statement on Reverse Side)

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 Henry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Japan Me

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.