

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 60

FILED FEB 19 1948
Registration District No. _____

Primary Registration District No. 4172

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett Mo. TOWN
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Dallis Wayne Brannon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 11 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 10 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER {
12. Name Dallis Brannon
13. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)
14. Maiden name Zeller
15. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dallis Brannon
(b) Address 104 W. 5th St
17. (a) Burial (b) Date thereof 11-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Art Lind
(b) Address Kennett Mo

19. (a) Jan 7 1948 (b) Wm. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 104 5th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 29
year 1941 hour 8 minute 10 P.
21. I hereby certify that I attended the deceased from 11-25, 1941, to 11-29, 1941;
that I last saw h. (m) alive on 11-29-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema
Due to Following tuba pneumonia
Duration 4 weeks

Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature D. R. ... (M. D. or other) med
Address Kennett Mo Date signed 11-30-41

RECEIVED
District Health Office No. 2,
District File Number 242-252
Date Filed 2-13-42

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.....

Licensed Embalmer No.....

- P.O. Address.....

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.