

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 768Registration District No. 42Primary Registration District No. 1000

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2316 Lafayette St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Not  
 In this community 49 years 5 months 23 days (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2316 Lafayette Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Dora Branaki3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Julius Branaki 6. (c) Age of husband or wife if alive 53 years7. Birth date of deceased January 8 1894  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
49 5 23 hr. min.9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Compton13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Alward  
(City, town, or county) (State or foreign country)15. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Julius Branaki  
(b) Address 2316 Lafayette St., St. Joseph, Mo.17. (a) Burial (b) Date thereof 7-5-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olivet Cemetery18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 1302 Faxon St., St. Joseph, Mo.19. (a) 7-5-43 (b) Rose Hlyoz  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st.  
year 1943 hour 7:45 minute P. M.21. I hereby certify that I attended the deceased from 3-27  
1941 to 7-1 1943that I last saw her alive on 7-1 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinomatosis  
of Abdomen & PelvisDue to Carcinoma of Spleen  
Splenic flexure of Colon

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 J. Brunner (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo. Date signed 7-3-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 28 1943

**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 *Albert P. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

**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.**