

FILED NOV 28 1944

Registration District No.

Primary Registration District No. 4024

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barry County Hospital 11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Cassville
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 11

3. (a) PRINT FULL NAME Margie Moore Brandon

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

4. Sex <u>female</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced <u>married</u>
6. (b) Name of husband or wife <u>Bob Brandon</u>	6. (c) Age of husband or wife if alive <u>65</u> years	
7. Birth date of deceased <u>December 28 1884</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years <u>59</u>	Months <u>7</u>	Days <u>22</u>	If less than one day hr. min.
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9. Birthplace Mineral Springs, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name J. S. Moore

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

14. Maiden name Hera Jones

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

16. (a) Informant Bob Brandon

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 8/23/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Springs Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Nov 4 - 1944 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1944 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from July 30 1944 to August 20 1944;
that I last saw her alive on August 20 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 2 day

Due to Carcinoma of Colon, Sigmoid 1 wk.

Due to

Other conditions (Include pregnancy within 3 months of death) H62

Major findings: Of operations

Of autopsy

Duration

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 D

23. Signature Beau Hurnin (M. D.)

Address Cassville, Mo Date signed 9.2.44

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

RECEIVED

District Health Officer No. 6;

District File Number 1144-1248-

Date Filed NOV 24 1944

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 J. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.