No. 2
-9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1945
Dr. Brandon

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41695

State File No.

Registration District No. 242

Primary Registration District No. 4361

Registrar's No.

1. PLACE OF DEATH:

(a) County New-Madrid

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

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community About 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New-Madrid 72

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

(d) Street No. X 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy E. Brantley

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Brantley

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 3 (Month) 20 (Day) 1881 (Year)

8. AGE: Years 62 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Webster Co. (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jessie Parish
13. Birthplace Webster Co. (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Cathern Lamson
15. Birthplace Webster Co. (City, town, or county) Ky. (State or foreign country)

16. (a) Informant James Brantley
(b) Address Essex Mo. Rt. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston Mo.

19. (a) Nov. 17, 1944 (Date received local registrar) (b) Mae Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25 year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 2-43. Feb 25, 1944 to , 19 ; that I last saw her alive on Jan 20-43, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration 19

Due to Possibly Diabetes Mellitus ? — 4/3

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131

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

23. Signature J. P. Brandon (M. D.)
Address Essex, Mo. Date signed 2

1032 (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 .....

.....Embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.