

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 606

1. PLACE OF DEATH:

(a) County Wagoner

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

(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 9 months
(Specify whether years, months or days)

In this community 400

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Wagoner Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1104 Olive St
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Leona Branaman

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 / Day 25 / Year 1945 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1st 1943 to 5/27/45 1945
that I last saw her alive on 5/23/45 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife not given 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) not given (Day) not given (Year) not given

Immediate cause of death Probably carcinoma of the brain
at base of bridge of the nose
of 2 or 3 years duration
Due to Carcinoma externally
at base of bridge of the nose
Due to _____

8. AGE: Years 78 Months _____ Days _____ If less than one day hr. _____ min. _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace: W. Va. (City, town, or county) 1 (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

12. Name not given

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

14. Maiden name _____

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

16. (a) Informant John J. Branaman

(b) Address 1271 Grandview W. Va.

17. (a) burial (b) Date thereof May 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 602 S 10th St Wagoner Mo

19. (a) 5-25-45 (b) Allen J. [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M.D. or other) _____
Address State Hospital # 2 Date signed 7/5 1945

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

STATEMENT BY LICENSED EMBALMER

Did not Emb

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.