

S. No. 2
4-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7271**
Registrar's No. **1885**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town McCredie
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nora Branham
(b) If veteran, name war Nil
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 24
year 1946 hour 1:00 minute 0 M.

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard Branham
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October 23 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1, 1943, to February 24, 1946
that I last saw her alive on February 24, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 4 1 hr. min.

Immediate cause of death Acute pyelonephritis Duration
Due to Congenital polycystic kidney left

9. Birthplace Williamsburg Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy As above

11. Industry or business.....
12. Name Jim Graves
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Susie Holland

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

15. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Richard Branham
(b) Address McCredie, Missouri

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.....

17. (a) Burial (b) Date thereof 2-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whetstone, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 25 1946 J. F. Bredish
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Bradley (M. D. 22060)
Address Barnes Hospital Date signed 2/24/46

(Licensed Embalmer's Statement on Reverse Side)

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

6221

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: *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.