

S. No. 2
M-5-43
5-17-39
P 1 X3467

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL RECORDS
FILED AUG 19 1946

STANDARD CERTIFICATE OF DEATH

State File No. **27029**
Registrar's No. **3436**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**

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

(c) Name of hospital or institution: **ST. JOSEPH HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 DAYS**
(Specify whether years, months or days)

In this community **44 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **2531 JACKSON AVENUE**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **MR THOMAS NICHOLS BRANN**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **486-03-5740**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST**, day **8TH**, year **1946**, hour **11**, minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Aug 4-46**
that I last saw him alive on **Aug 7th**, 19**46**
and that death occurred on the date and hour stated above. **Aug 8th**, 19**46**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MRS. ANNA BRANN**

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

7. Birth date of deceased **MARCH 5 1882**
(Month) (Day) (Year)

Immediate cause of death **Coronary failure** Duration 3 da

Due to **Coronary atherosclerosis**
Both art + fat. vessels. 2 mcs.

8. AGE:

Years	Months	Days	If less than one day
64	5	3	hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: **94a**

Of operations _____

9. Birthplace **FALMOUTH KENTUCKY**
(City, town, or county) (State or foreign country)

10. Usual occupation **FORMER PERSONNEL MGR. CITY ICE CO.**

11. Industry or business **BENSON MFG. FINLEY WAREHOUSE**

12. Name **JAMES JACKSON BRANN**

13. Birthplace **MORGAN KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **ADDIE C. CLIFFORD**

15. Birthplace **COLEMANSVILLE KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. J. LEONARD BRANN**

(b) Address **5109 ASH, MISSION KANSAS**

17. (a) **BURIAL** (b) Date thereof **AUG-12-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. WASHINGTON CEM.**

18. (a) Signature of funeral director **D. H. Newcomer**

(b) Address **1401 BRUSH CREEK BLVD.**

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? _____

19. (a) **8-10-46** (b) **Geraldine Holman**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury

23. Signature **J. L. Hoffman** (M. D. or other) _____
Address **Raytown Mo** Date signed **8-8-46**

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

MOTHER FATHER

Haydon, Missouri
2/8

APR 22 1947

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City, Mo.

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.