

Registration District No. **705**

Primary Registration District No. **5419**

Registrar's No. **3**

1. PLACE OF DEATH:
(a) County Bunklin
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Alice L. Brandon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Brandon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 22 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER {
12. Name Harrison, Reena
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Helen Walsh
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela Riddle
(b) Address Clarkton, Mo. R. 1

17. (a) Burial (b) Date thereof 4-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Heled

18. (a) Signature of funeral director Landred Funeral Home
(b) Address Campbell, Missouri

19. (a) 4-17-47 (b) Heled, Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bunklin 3.5
(c) City or town Clarkton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14
year 1947 hour _____ minute 7:15 P. M.
21. I hereby certify that I attended the deceased from 5 Nov. 1946
to 14 APRIL 1947
that I last saw her alive on 13 APRIL, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
CARDIAC DECOMPENSATION 5 DAYS
Due to ARTERIOSCLEROTIC HEART DISEASE 5 yr.
Due to CEREBRAL ARTERIOSCLEROSIS
WITH OCCLUSION 1 Mo.

Other conditions _____
(Include pregnancy within 3 months of death) 930
Major findings: _____
Of operations _____
Of autopsy _____

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)
(c) Means of injury 5
23. Signature Charles Williams (M. D. or other) MD
Address Malden, Mo. Date signed 15 April 47

Duration
5 DAYS
5 yr.
1 Mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office No 2,
District File Number 5-47-227
Date filed 5-19-47

MAY 23 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 Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.