

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34897**
4361

BIRTH NO. 1002 25 1952		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 34897 4361
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 703 East 9th Street		d. STREET ADDRESS (If rural, give location) 703 East 9th Street 313 1/2		
3. NAME OF DECEASED (Type or Print) a. (First) MRS. MARGARET b. (Middle) LOUISE c. (Last) BRANCH		4. DATE OF DEATH OCT 5 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 18, 1902	9. AGE (In years last birthday) 49 If under 1 year: Months _____ Days _____ If under 1 mo.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, Clerk in plant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME No Record		
13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE PETER BRANCH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-14-2061		17. INFORMANT'S SIGNATURE OR NAME Peter Branch ADDRESS 703 East 9th St.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertrophic Cirrhosis Liver ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5810
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:35 PM , from the causes and on the date stated above.				
23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Piquette Blvd		23c. DATE SIGNED 10-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Oct 9 1952		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		DATE REC'D BY LOCAL REG. 10-7-52 REGISTRAR'S SIGNATURE Heraldine Smith FUNERAL DIRECTOR'S SIGNATURE Mark Tobin ADDRESS 20 W Linwood		

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jourist D. Caldwell

Licensed Embalmer No. 4714

P. O. Address K. C. 7th

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.