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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41803

Registration District No. 316 | Primary Registration District No. 6072 | Registrar's No. 377

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

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

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

3. (a) PRINT FULL NAME GEORGE M. BRANN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Sadie Brann
6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 31 (Day) 1879 (Year)

8. AGE: Years 67 | Months 6 | Days 11 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Mark A. Brann
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Sarah M. Marks
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Brann
(b) Address Elvins, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation Joe Creek, Doe Run Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington Mo.

19. (a) 12-7-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from / , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Evidence presented by family, deceased had previously had heart trouble | Duration
Due to apparently heart attack
Due to No inquest held due to conclusive evidence by family.
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Natural Causes
(b) Date of occurrence Dec. 7, 1946
(c) Where did injury occur? Elvins (City or town) St. Francois (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury heart attack

23. Signature Berl J. Miller (M. D. or other) Coroner
Address Farmington, Mo. Date signed 12/7/46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 1246-2982

12-16-46

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 Burl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.