

1939 NOV 1 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36772
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
 (b) Township Nodaway Primary Registration District No. 3031 Registered No. 132
 (c) City Maryville, Mo (d) Street No. St. Francis Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Roland Braniger
 (a) Residence, No. 520 N. Euclid St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie E. Braniger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auctioneer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guernsey Co. Ohio.

13. NAME Jacob Braniger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Lucretia Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs. Jessie Braniger
Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE White Oak Oct. 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home
Maryville, Mo.

20. FILED Oct 7 1939 James E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1939, to Oct 4, 1939
 I last saw him alive on Oct 4, 1939. Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:

Acute hepatitis Date of onset June 1939
Cirrhosis of Liver (not known)

Other contributory causes of importance: 1246

Name of operation none Date of none
 What test confirmed diagnosis? exam of Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury none, 1939
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) James E. Clardy, M. D.
 (Address) Maryville, Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important!

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RECEIVED

District Health Officer No. 11,

District File Number 1139-1568

Date FILED May 16 1939

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

John W. Price

Licensed Embalmer No. 3229

P. O. Address

Maryville 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, above space should be left blank.