

JAN 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43328

Registration District No.

Primary Registration District No.

302-4181

Registrar's No.

1. PLACE OF DEATH:

- (a) County. Gasconade 2
 (b) City or town. Blond
 (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 26 yrs.
years, months or days)

3. (a) PRINT FULL NAME
- Denis Sidney Branson
- 652

3. (b) If veteran,

name war. ✓

3. (c) Social Security

No. ✓

4. Sex
- M
5. Color or race
- W
-
6. (b) Name of husband or wife
- Cora Branson

6. (a) Single, widowed, married,
-
- divorced
- married

6. (c) Age of husband or wife if
-
- alive
- 67
- years

7. Birth date of deceased
- January 25 1871
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 68
- 11
- 4
- hr.
- min.

9. Birthplace
- Osage - County
-
- (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name
- John Jefferson Branson

13. Birthplace
- Osage - County
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Bedithe Jane Boyce

15. Birthplace
- Osage - County
-
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Agnes Branson

- (b) Address
- Blond, Mo.

17. (a)
- Burial
- (b) Date thereof
- Dec 31 1939
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Union Cemetery

18. (a) Signature of funeral director
- Chas. S. Sauer

- (b) Address
- Blond, Mo. 273

19. (a)
- 12-29-39
- (b)
- E. A. Bunge
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Gasconade
 (c) City or town Blond
 (If outside city or town limits, write "RURAL")

- (d) Street No.

(If rural, give location)

- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 12
- day
- 29
-
- year
- 1939
- hour
- 2 P.M.
- minute
- 0
- M.

21. I hereby certify that I attended the deceased from
- 12-24
-
- 19
- 39
- , to
- 12-29
- , 19
- 39

- that I last saw him alive on
- 12-29
- , 19
- 39
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

Endocarditis 2 yrsDue to Chronic InterstitialDue to nephritisOther conditions
(Include pregnancy within 3 months of death)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) (e) Means of injury

Signature E. A. Bunge (M. D. or other) 1
 Address Blond, Mo. Date signed 12-29-39

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.....

Chester Sissmann, Registered Apprentice No. 216
working under my personal supervision.

Signed

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

Owensville, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

43328

Do not use this space.

1. PLACE OF DEATH

(a) County Foreman Registration District No. 302
(b) Township Bland Primary Registration District No. 4181 Registered No. _____
(c) City _____ (d) Street No. _____
(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

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

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

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

7. AGE YEARS 65 MONTHS 11 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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)

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 12-29-39 CA Bunge MD Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-39

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. A. Bunge, M. D.

(Address) Bland Mo

